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AMERICAN
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PRIMAERE AND ORIGINAERE VERRUECKTHEIT.

An Historical Sketch with Critical Remarks.

BY THEODORE DEECKE.

The literal meaning of the German word, "Verrücktheit," from the verb "verrücken," p. p. "verrückt," to displace, is displacement. The verb in the German language is still used in the original sense. The noun "Verrücktheit," however, designates exclusively a displacement of mind, a mental disorder or disturbance, while the participial adjective, "verrückt," is employed in both senses, and its derived substantive form "der Verrückte" or "ein Verrückter," solely in the latter sense, meaning a madman, a lunatic. "Verrückt, Verrückter, Verrücktheit," are originally vulgar expressions, and can not be translated into the English language by insane, insanity. The corresponding German words for the latter are "irrsinnig, Irrsinn." The term "Verrücktheit" in the science of psychiatry was originally introduced in order to designate those chronic conditions of insanity which were characterized by the development of stationary so-called fixed ideas or delusions (Griesinger's *partielle Verrücktheit*), or by a general confusion of ideas (Griesinger's *allgemeine Verrücktheit*). Later on, and at present by the majority of German writers on psychiatrical subjects, and by

Griesinger* himself, the term "*partielle Verrücktheit* was abandoned, its claim to be regarded as a secondary form of insanity was disputed, and the condition recognized as a primary one under the name *primäre Verrücktheit.* In course of time, it was considered necessary to differentiate a second protogenetic form, namely, *originäre Verrücktheit.*

The term *primäre Verrücktheit* was first employed by Griesinger in the course of the address just referred to.† It covers the same ground as the mental condition described by Morel,‡ 1860, in the third section of "Livre IV, chapitre III, § IV: Du délire des idées et des actes qui est la conséquence de l'hypochondrie." under the head: "Transformations du délire des persécutions; systematisation des conceptions délirantes; transition à l'idée qu'ont ces malades d'être appelés à de grandes destinées." This was especially mentioned by Griesinger.

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Snell of Hildesheim in a paper* entitled: On Monomania, a primary form of insanity. Dr. Snell argued as follows:

"I understand under the term vesania (Wahnsinn) or monomania that form of psychical disease which is characterized by the prominence of single series of delusions with hallucinations, which on the one hand are distinguished from melancholia by an over-weening self-esteem, and on the other from mania by the want of rapid ideation, and the evidences of general derangement. It affects in a lesser degree than the other forms of psychical disease the whole of the mental life, on account of which fact the term monomania (irrespective of the well known misapprehensions) seems to be not unsuitably selected for this disease. Regarding no other form of insanity, however, does there exist a greater diversity of opinion among alienists. Some of them, on account of the marked expansion of the self-feeling of the patients and the delusions of grandeur, considered it as a form of mania, others of melancholia, on account of the existing delusions of persecution. The opinion commonly prevailed, especially among German alienists, that the affection was of a secondary nature, and preceded by and developed from states of melancholic or maniacal excitement. For a long time I entertained the same view. In cases where I did not find this opinion supported by the history, I consoled myself with the idea, that nevertheless a probably unobserved state of melancholia or mania of very short duration had preceded the condition. Since, however, the matter remained still unsatisfactory, I followed with increased interest the course of all cases of mania and melancholia which came under my own immediate

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observation in order to reach by this way the pathogeny of the disease. Even there I was disappointed. I saw the forms of the diseases mentioned terminate in the various conditions of psychical debility, in states of general confusion of ideas, and agitated as well as apathetic dementia, yet not in the typical condition of monomania. The idea, therefore, naturally suggested itself that the same might probably be a primarily developed form and, indeed, I have convinced myself of its truth, and concluded to give it a place beside the other primary forms known as typical melancholia and mania." * * * * *

The author here recites the history of eight typical cases for illustration, and closes with the remark that it seems unnecessary to add to these, since every practical alienist has daily similar cases under observation. I abstain here from reproducing all the cases and select but two as examples.

Case I. A military officer, sixty-four years of age, was, about thirty years ago, without any demonstrable cause, gradually taken with delusions of persecution combined with hallucinations. He asserted that foreign substances were mixed with his food for the purpose of making him change his mind and habits of life; that these efforts came from masonic lodges, which had conducted his education from early youth, for which reason these measures also represented an educational system; that there were acoustic apparatus placed everywhere which affected his hearing, and a prompter was constantly whispering into his ear. He retired from the world and at times suffered hunger for unknown periods. About two years after the appearance of the disease he expressed a desire to emigrate into Spain in order to escape his persecutors. For this reason, and since at times he made threats

and carried loaded pistols on his person, he was taken to the institution for the insane in Hildesheim. Present state after twenty-eight years: The patient entertains the following system of delusions: He is a gentleman of noble birth and much power, who is wrongfully detained in prison. There is outside a continuous war raging for the purpose of liberating him, a "mining war." His enemies are those imps who are constantly trying to murder him and his friends, to tap his blood in order to weaken his constitution. He combats them with lava streams and fusees. His "magic plate" informs him of the proceedings of the battle, in which he expects daily to be victorious. He draws everything in his surroundings into the circle of his delusions and states them openly in everybody's presence, yet only in a fragmentary form, since he believes that everybody knows all about these matters as well as he himself. His intellect is enfeebled, yet he has preserved a certain self-independence in his actions.

Case V. An architect in the thirtieth year of his age developed mental disturbance with delusions of persecution and suspicions toward his neighbors who were persecuting him with poison and magnetic influences. He asserted that he could read these vile intentions in the faces of various persons: God had informed him about them. Condition of the patient five years later: The delusions of persecution persisted and assumed greater dimensions. There were continuously day and night whole magnetic batteries operating against his person. The freemasons and numerous other persons were trying to murder him and his friends. Hallucinations of all senses. Delusions of grandeur. The patient believes that he is the offspring of a Polish king and has rights to the Polish crown. Notwith

standing all this the patient is able to occupy his time well and industriously, and is at present engaged in studying the history of the arts.

The author continues: "On analyzing the symptoms of monomania there are remarkable, first of all, the delusions of persecution. I regard them indeed as the most important symptom since they are in no case entirely absent. They are distinguished from those of melancholia by the exalted egoism which stands in the background. In melancholia the patient yields to his delusions, he sees no help, no relief whatever. He complains, he moans over them but makes only passive attempts at defense. In monomania on the contrary, the patient stands up against them with energy, ready to combat them. He hates and contemns his enemies and entertains hopes of final victory. The delusions of grandeur in monomania are distinguished from those of mania by their systematized character, and from those of paresis by their consequential erection by that want of psychical debility which is always noticeable in the latter disease.

The hallucinations in monomania are in more general and intimate connection with the disease than in any of the other forms of insanity. Their existence can be proved in almost all cases. In those rare cases where they are seemingly absent, the delusions are observed to act so severely and with such compulsory force upon the self-consciousness that the illusions thus produced are analogous to the hallucinations and without doubt of similar pathological significance.

It is characteristic of monomania that there exists no consciousness of disease, as so frequently happens in mania and melancholia.

The development of monomania in the majority of cases is slow and gradual. In other cases the begin-

ning of the disease is signalized by vehement symptoms with great emotion and a general physical derangement, sleeplessness and loss of appetite and their consequences."

In order to illustrate this more acute commencement of the disease the author relates two cases within his personal experience outside the institution.

Case I. A young lady twenty-four years of age, of somewhat defective physical development, feeble and irritable, yet mentally gifted, was taken sick suddenly, without any demonstrable cause (except a few trifling emotions) with hallucinations. She looked upon those surrounding her, especially her mother, with suspicion, asserting that she had noticed a hostile expression in their features. She refused nourishment. An unknown voice had promised her that an angel would come and supply her with food. She examined with suspicious precaution the taste of the dishes and beverages set before her. A few weeks later the emotion decreased. The patient returned to her common habits of life. The delusion persisted. She observed continuously with suspicion the features and movements of the persons attending her. Not long thereafter she spoke of a revelation to her, that the whole world would undergo a change. She herself would be provided with a new, much more beautiful body and would become a benefactor of the world. A few years later she died of tuberculosis.

Case II. Another lady, forty years of age, who had always been in good health, was suddenly possessed by hallucinations of hearing. She believed she heard the voices of men in the neighborhood, which insulted and threatened her. In this case also after a few weeks the vehement emotion disappeared. Delusions of grandeur were, however, developed, partly of an erotic character,

partly of wealth to which she was entitled, but denied by her enemies.

In both cases the anguish and depression of melancholia were absent and likewise the rapid flight of ideas and general excitement of mania.

As regards the order of the delusions in monomania those of persecution commonly precede those of grandeur. Frequently both develop simultaneously. More rarely the disease commences with the delusions of grandeur, and there are cases where these latter are entirely absent.

The prognosis of monomania is unfavorable,—favorable only in so far as it never, or at least very rarely, passes into the deep and helpless state of mind which we so often notice as the termination of all the other forms of insanity. Entire recovery is very rare. Frequently, however, we see the delusions and hallucinations become fainter and so indistinct that the patient regains his composure and is enabled to resume, to some extent, his occupation.

If the disease takes an unfavorable course the delusions become more general. The patient draws everything into the circle of his morbid conceptions. He invents not infrequently a new terminology which is often the more unintelligible since all objectivity is so largely obscured that the patient believes all the occurrences of his inner life are known. This regardless subjectivity is often developed to such an extent that the patient thinks he has been living for ever, and will never die. He unites in his person everything that forms an insurmountable barrier for other men. He recognizes nothing above, nothing before, nothing behind himself.

I may be allowed to condense the subject into the following short sentences:

1. Monomania (or vesania, Wahnsinn) develops typically in the form of a primary mental disturbance.

2. The similar diseased conditions manifested in mania and melancholia are distinguished from those in monomania by the more general psychical disturbance in the former.

3. The development of monomania is two-fold. In the majority of cases it develops gradually, more rarely with the vehement symptoms of an acute affection.

4. The delusions of persecution connected with an exalted self-feeling constitute the fundamental character of this form of psychical disease.

5. The delusions of grandeur are commonly of a secondary nature, yet they may precede the delusions of persecution or develop simultaneously with them."

In the foregoing I have presented Dr. Snell's paper in full, with the exception of some cases reported for illustration. This seemed to me justified since the paper contains in clear outline the foundation upon which the theory of the *primäre Verrücktheit* of German authors has been constructed. The first to acknowledge the theory, as we have seen above, was Griesinger. Yet to his acknowledgment he makes the following characteristic and qualifying addition:

"Yet—let us dismiss for the present the so-called forms of insanity, and return to the component elements which we have just been considering—to the primordial deliria. In the infinitely varied loquacity of the insane, their secondary, tertiary and hundredfold associations to which they add an interminable array of other ideas, these elementary factors are susceptible of ready detection by the specialist. In the midst of incoherent talk and confusion of ideas the two main forms of mental disorder stand out in bold relief."

It should here be stated that Morel, although he describes the psychical condition referred to with great clinical accuracy, abstains from discussing the question

of its protogenetic or secondary nature. Contemporaneously with Griesinger, and in an article published in the same number of the *Archiv*,* attention is called to the same subject by Dr. Wilh. Sander, of Berlin, who, however, pleads more especially for the acknowledgment of a special form of *primäre Verrücktheit*, for which he proposes the term *originäre Verrücktheit*. He speaks of male individuals of a neuropathic constitution and hereditarily predisposed to mental disturbances. The symptoms often become manifest during childhood by peculiar traits of character and perversities in social intercourse. Intellectually these persons reach but mediocrity; they are quiet and tender children, often the pet of the mother; they are shy and reserved, and inclined to seclude themselves from others and gradually fall into singular fantastic, or corrupt, or absurd trains of thought, or reveries, which toward the end of puberty terminate either in illusions and delusions, and rapidly in a peculiar, though characteristic, state of mental imbecility, or which in adult years only are recognized by their surroundings in their true light and with all their inherent dangers. In the latter case the youths not uncommonly exhibit talent in some direction, but they are of irritable disposition, easily aggrieved, visionary and unstable; egotistic, self-conceited and pretentious, but without energy. They retain boyish habits, and are subject to hysterical paroxysms of temper, weeping, etc. They often adore some ideal female beauty, and believe in a reciprocal affection, although they may have never addressed the person, or made her personal acquaintance. They are inclined to day-dreaming and to while away the time. In more adult years they are hypochondriacs, entertain the idea that their genius was not

*Archiv für Psychiatrie, Vol. I, p. 395.

recognized by the world nor their merits acknowledged. Further on there develop delusions that they are surrounded by enemies who endeavor to paralyze their actions, even to influence and control their thoughts; who attempt to deprive them of their rights, or to injure them bodily by the use of electrical, magnetic or some other still unknown force of nature, or by the administration of poisons, etc. But these delusions of persecution differ from those of melancholia in that the patients do not, like the latter, believe themselves persecuted with any appearance of right or provocation on their side, or for the reason that they are unworthy, profligate or depraved and outcast. They, on the contrary, do not concede their enemies any success in their efforts, and confidently anticipate final victory, when God shall slay and punish or destroy their adversaries, and they themselves be exalted and glorified. In advanced stages a total misconception of their relation to the outer world may ensue and become associated with hallucinations of every kind. The patients, however, even in these stages, can rarely be moved to confess their delusions, and it often requires a high state of exaltation to force them thereto.

Dr. Sander, in the cases presented in his article, relates, however, not a single one by which the above mode of procedure of the affection was clearly illustrated; that is, where the primary *Verrücktheit* of later years was successfully traced to the specified diversions, peculiarities and extravagances of youthful life as pointed out by him. In this connection, I think, it should be borne in mind: (1.) That during the years immediately preceding and following puberty a peculiar unsettled, often more or less hypochondriacal disposition of youth, particularly of the male sex,

which Dr. Sander has more especially in view, is of so common occurrence that it can not have numerically any bearing upon insanity of a later development. In the majority of cases the very types of this state of mind, during that period of life, develop to the most active, though at the same time, the most thoughtful and deliberate men, to men wide-awake; governed by a sound philosophy of life, the result of their own reflections; by a heart full of sympathy for their fellow-men, yet free from any morbid sentimentalism. As regards their qualitative nature I likewise fail to see the causative relation between that condition, if uncomplicated by actual disease and insanity, as much as between the latter and the often higher emotional state connected with many other incidents of life. I have carefully looked over the cases belonging to this category which are recorded in psychiatrical literature, but have not discovered one in which there were not evidences of the co-existence of intellectual defects besides the traits, marked out by Dr. Sander, by the co-operation of which these latter had received a peculiar tincture that can scarcely escape observation. And, since these latter are mental phenomena, although at times associated with strained physiological conditions, yet in an otherwise perfectly normal and healthy organism, it is evident that the admixture and the influence of the former are in fact to be considered in the cases referred to as the true pathological factor.

In the second place individual nationality should not be lost sight of. Dr. Sander was a German, and in the prodromal stages of his species of *Verrücktheit*, he pictures the national character of the average German youth, which, according to the most prominent psychologists of that country, is of a Hamlet type. The education of the German youth, the physical, intel-

lectual and moral influences under which he grows up, in fact, his entire environment, differ widely from those which obtain in England, France and the United States. Let me briefly illustrate.

There is, for example, the strict separation of the sexes during the whole period of school education. Even later they meet in society only in a formal way and always under the eyes of their parents or guardians. All informal social intercourse or receptions by the young lady at her home are neither customary nor permissible. The young man when introduced into a family invariably pays his respects to the master and mistress of the house, or to the son, but not to the daughter, and if this is not strictly observed, the young man as well as the young lady expose themselves to comments on their relations to each other, which, in case there should not soon follow an open declaration, would greatly injure, more particularly, the young lady's character and social position*. Even in larger cities the unmarried shop girl or operative, who wishes to keep up her reputation would not go into society or visit a public place of amusement, etc., in male company, or even accompanied only by those of her own sex and age. She hires for such purpose with her own hard earned money some respectable looking couple, or old gentleman or lady, which is not done with the intent to deceive, but from the natural instinctive feeling that an inexperienced young woman should at all times have some kind of a guardian or protector at her side.

There is further the restraint to which youth is

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* Wo du nicht zum Weib die Tochter
Wagen würdest zu begehren,
Halte dich zu gut, um gastlich
In dem Hause zu verkehren

subjected from the time he has reached the age for school education. From this moment he actually enters into public life, for school attendance is strictly compulsory, and he is gradually made conscious of duties incumbent upon him. This is followed by a period, during which he has either in his selected profession or in simple military duty to offer his person to the service of his country and the government of the State, before he is permitted to take personal advantage and interest in his own hands. To this may be added that German school instruction is less didactic or catechetic, but addresses itself rather to self-activity, and imposes upon the pupil, according to his age, employment in study, in learning and written exercises, intended to occupy a considerable portion of the time also of his home life; while the military duties distract him wholly from the latter and not infrequently dissolve the most tender bonds, and only too often destroy the favorite dreams and plans of his life.

In view of these facts it is not surprising that the German youth, during the most sensitive period of his life, should develop most frequently feelings of dissatisfaction and discontent with his fate and become possessed by misanthropic and hypochondriacal ideas, and suffer from their associations and consequences.

I shall refrain here, of course, from all reflection upon the merits or demerits of German custom, or of those of other countries; but the wide difference here referred to should be distinctly recognized. They certainly stamp characteristic traits upon the individual and the national spirit which are everywhere detectable. Perhaps no better illustration thereof can be given,—to cite an authority accessible to all—than by a comparison of the contents of the average novel of the different countries. In German novels, in conformity with the sepa-

rate education and formal intercourse of the sexes in youth,—which is however far from seclusion, and involves upon both, yet more especially upon the female sex, the grant of an entirely free development of character in home and social life,—romance plays an almost exclusive part before entering the marriage state; it is the seeking and the finding of the hearts which, according to an ancient Teutonic belief, are created to supplement each other.* In French fiction, in conformity with the scrupulously secluded education of the young woman on the one side and the entirely unrestricted allowance of even the most extravagant life given to the youth on the other, the romance commences after marriage, and it is prominently the heroine who attracts sympathy and interest. In English novels it is less the tender relation of the sexes to each other than the trouble and strife connected with some large estate of which the one or the other party has been fraudulently deprived; and in America the adventures of the self-made man, who is accepted and only expects to be accepted, after he has accumulated a fortune or secured a position of his own which he can lay at the feet of his beloved one.

Whether the different customs have any bearing upon the prevalence of certain forms of mental disturbance or not is still an open question, but it is highly probable that they have.

The *originäre Verrücktheit* of Dr. Sander would appear to be rather an outgrowth of civilization than an actual disease, and may be safely regarded as a doubtful species.

Next to Sander, Professor Westphal is generally rec-

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* "Eins ist des Andern Kron,
Eins ist des Andern Ruh,
Eins ist des Andern Licht,
Wissen's aber beide nicht."

ognized as one of the earliest discoverers and clinical experts of the phenomena and course of *primäre Verrücktheit.* In an address, published in the "Allgemeine Zeitschrift für Psychiatrie," Vol. XXXIV, p. 250 ff. 1876, he imparts the following interesting information on the subject:

Verrücktheit never develops from a melancholic state, as was formerly believed, a belief which originated in confounding a hypochondriacal disposition with the incipient stage of true melancholic excitement. Accurate investigations in doubtful cases have always shown that in the beginning a general physical weakness is manifest, a change pronounced by affections of the whole system, which is associated with more or less vivid sensations of the most various kinds, and irresistible ideas of the existence of a morbid condition, feelings which, however, are less frequently localized than in cases of ordinary hypochondriasis.

Combined therewith are misapprehensions of common occurrences. The raised hand of a passer-by, a look, a word, distinctly heard or not, may produce the apprehension of something wrong, of an intended insult or the like. In more advanced stages delusions of persecution develop in association with such incidents, aside from which, according to Westphal's opinion, there does not exist any disturbance of the person's intellectual faculties. In other cases from such false judgments, or occasional hallucinations, originate peculiar delusions of grandeur such as that the patient believes himself to be a distinguished personage, selected to fulfill a grand mission on earth. These delusions are combined with a certain degree of self-exaltation, and the notion that the people at large should be aware of the duties imposed upon them, and where this is not verified by actual experience the above specified delusions of being

misunderstood and undervalued or persecuted, become mingled with those of grandeur.

Verrücktheit may be associated with dementia, yet by itself, even in the course of long years, it does not necessarily, indeed, terminate rarely in dementia. In this fact Westphal discovers another essential difference between this affection and progressive mania and melancholia. It is true, he adds, that in very acute cases, by the boundlessness of the delusions and hallucinations, reason and judgment may become disturbed and utterly deranged. Yet this occurs only in a secondary manner and not, as in general progressive paralysis, where the loss of reason, judgment and memory are symptoms primarily connected with the nature of the disease. As the mildest grade of *Verrücktheit*, Westphal designates the so-called abortive form. These cases are marked by single compulsory false ideas of which the patients themselves generally are conscious, frequently through their entire life. Yet he believes the assertion untenable that they never pass over into the actual form.

Much has been done to elucidate the subject of insane delusions of chronic character or the so-called fixed ideas and their relation to ordinary delusions originating simply in false or premature judgment, by Fried. Wilh. Hagen in an interesting paper published in 1870.* But it was not before 1877 that he declared himself in favor of the recognition of *Verrücktheit* in the sense of Snell, as a primary form of insanity.

About the same time Professor Theodore Meynert of Vienna, became an advocate of the new doctrine,† and

*Studien auf dem Gebiete der aerztlichen Seelenkunde; Artikel, *Fixe-Ideen*, Erlangen, 1870.

†Psychiatrisches Centralblatt 1877, and, "Ueber Fortschritte im Verständniss der krankhaften psychischen Gehirnzustände, Wien, 1878.

acknowledged it to be a distinct advance in psychiatrical science. He pointed out as a characteristic distinction in the differential diagnosis between *Verrücktheit* and mania and melancholia, that the latter in the lighter grades of disturbance terminate without the presence of hallucinations and delusions, while in *Verrücktheit*, the latter always mark and characterize the final stages in the course of the symptomatology of the affection. As regards the other chief points, Meynert agrees with his predecessors. He admits that even down to the year 1871 he maintained that in the melancholic state the starting point was to be sought for in phenomena of inhibition of function, while later he convinced himself that the primary diagnostic symptom was the condition of excitement connected with the feelings of discouragement and mental depression. He looks upon it as the result of an intoxication, consecutive upon profound disturbances of nutrition through an altered chemical action in the change of matter of the ganglionic cell organism. It is the evidence of irritation of this apparatus and not an inhibition of function in the conductive tracts, by which latter, however, it may be complicated secondarily.

Contrary to this in the phenomena of *Verrücktheit*, Dr. Meynert discovers a state of psychical debility with irritation of the apparatus for inhibitory action and control of reflex actions. He localizes the apparatus in the anterior lobe of the brain. The preservation of a certain degree of intellect in *Verrücktheit*, he explains by the supposition that probably the regulated exercise of function in the logical apparatus of the anterior brain requires a smaller amount of vital energy and labor than the display of inhibitory action.

Meynert concurs with Hagen,* who held that the

*l. c.

insane delusions could not be conceived simply as the result of altered functions of groups of ganglion cells, consecutive upon morbid irritation. For they are in essence manifestations of error in judgment, based upon knowledge which is derived in the patient's opinion from personal experience. Thus it is evident that the experience itself must be visionary or falsified. The patient would seem to continuously see something behind the facts observed, a motive power, which he so intermingles with the facts that he substitutes the one for the other. Something similar is of quite common occurrence in daily life among perfectly sane people, who, however, when they are not conscious of the act, feel at least not surprised when they are convinced of their error. This is not so with the delusions of the insane in the conception of which the patient's subjective judgment wholly takes the place, and is given the significance, of objective facts. With all things, even the most trifling occurrences, he connects the fiction of the *tua res agitur*.

At the meeting of the "Deutsche Irrenärzte," in Nürnberg, 1877,* an unanimous resolution was passed in favor of the recommendation to adopt *Verrücktheit* in the official lists of the insane throughout the German empire as a primary form of insanity.

Dr. Meynert reports that, after the adoption of the new classification in his clinic, there was a change in figures from 26.4 per cent cases of melancholia, 37.12 per cent of mania, and 10.3 of *partielle Verrücktheit*, in 1871, to 5.8 per cent of melancholia, 5.2 per cent of mania, and 22.16 of *primäre Verrücktheit*, in 1876.

Such statistics, of course, if they do not cover very large periods, are of no decisive value, much less a comparison between them when taken from different

* Zeitschrift für Psychiatrie, 1877.

institutions. In this country, as also in France, England, Italy, no uniformity exists in the classification of the forms of insanity. But this does not involve the intimation that the form here in question should not have found due consideration. I shall here confine myself to this country and only to records of one institution, the New York State Lunatic Asylum at Utica, N. Y., and the development of the "Utica School," if it is permitted to use a term invented, though quite appropriate, by the adversaries of this school, which has been presided over since the year 1854 by Dr. John P. Gray. In the reports of this institution we find as early as 1851, the year in which Dr. Gray became first connected with it, the terms "chronic mania and monomania" applied to those conditions, with a remarkable preponderance over the others. Among 367 cases, admitted during that year, there are recorded 92 of chronic mania, 34 of monomania, 126 in all, against 116 of acute mania, 49 of melancholia, 12 of chronic dementia, etc. Among 816 cases, under treatment during the year, 255 of chronic mania, 81 of monomania, against 154 of acute mania, 77 of melancholia, and 117 of chronic dementia. Such figures in the course of time are subject to great variations. With the foundation of six other State institutions, of which one was for insane criminals, two for chronic insane, and the establishment of a large number of county asylums, mostly of a similar character to the latter, the State Asylum in Utica was reserved for the reception of acute cases. Nevertheless there are recorded in 1884 among 387 cases admitted, 72 of chronic mania, against 127 of melancholia, 45 of acute and 39 of sub-acute mania. In general it may be found not uninteresting that the variations in the percentage of cases of chronic mania

to that of other forms are not nearly so great as, for example, between mania and melancholia. From about the year 1877, there has been in the admissions of the New York State Asylum in Utica a marked preponderance of cases of melancholia. This was preceded by a number of years where there was but little difference as regards the number of the two forms; while in the years immediately before the outbreak of the civil war, during the war and for several years after, there was a notable preponderance of the acute forms of mania.

I have made the above remarks for the reason that when the question of *primäre Verrücktheit* after its acknowledgment in Germany, was brought before the public in this country, it was made the occasion of an ungenerous attack upon some of the most prominent American psychiatrists by some ill-willed and ill-informed persons who insinuated that this form of insanity was not recognized here, and that the standing of psychiatry on this continent was far behind the progress made abroad. I do not question the professional ability of the men who made these attacks, but one thing should not be forgotten. The fact showed how little personal experience they must have had with our asylums and how inadequate was their knowledge of the history of insanity in their native country.

It should also be here remembered that (the term which is applied to a thing being in so far at least immaterial, as none can be found which precisely defines it in accordance with its original meaning) it is the object, the condition, the conception which is to be baptized. In our case the term of "chronic mania" for the condition in question comes as near the designation of its real character as the terms monomania, vesania, delusional insanity or the German general term

Verrücktheit. In the New York State Lunatic Asylum at Utica, as its annual reports show, this condition for the last thirty-four years and, as it seems, since the opening of the institution has been duly and fully recognized as an independent form of insanity side by side with melancholia, mania, paresis, acute dementia, epileptic insanity. The chief term for it was "chronic mania," but no objections were raised upon principle against the occasional employment of the terms "monomania, hysterical mania" exceptionally even "moral insanity"; but no "klepto- pyro- dipso- etc.,- maniacs" are registered in the books.

The confounding of the condition with melancholia and mania to an extent as exhibited in the figures of Prof. Meynert above given, is indeed difficult to understand. In its character, as a form of mental debility, with a marked chronic taint from the beginning, it bears a much closer relation to certain of the incipient stages of dementia, following melancholia and mania, than to the latter themselves. The fact that the question, whether of primary or secondary nature, was not particularly ventilated in this country,—nor in France, England, Italy,—has its special reason. In Germany it grew out of the conception combined with the term formerly employed to designate the condition, viz: "PARTIELLE *Verrücktheit*," at a time when there was a general feeling of disappointment and dissatisfaction among German alienists, which succeeded the failure in their endeavors to discover the *borderland* of insanity, the territory in which the manifestations of sane life were supposed to meet and mingle with those of the insane perversions. It was the period after the reaction that followed Ideler's absurd doctrine, that insanity was but a special phenomenon of the perpetual struggle between the passions of man and reason; the period,

when the medical expert on insanity before the Court, instead of confining himself to the determination of the existence or non-existence of disease or congenital defects, freely ventilated, far beyond the bounds of propriety of his profession, his opinion as to responsibility, irresponsibility, conditional responsibility of the person examined, to the infinite annoyance of jurists, and mostly to the detriment of the defendant; the period when psychiatrists spoke of pyro- klepto- dipso- etc.- manias, of homicidal and suicidal mania, of emotional, moral, impulsive and instinctive insanity; of persons being *partially* insane; of functional diseases and the like. The greater part of this struggle has been spared this country and England, where the "either or not" predominated, and intermediate conditions between sanity and insanity never gained a legitimate recognition, and therefore aroused but little interest.

With the more general acknowledgment of insanity as a physical disease, or rather as merely the symptom of a disease, in Germany, the necessity suggested itself to part in psychiatry with all that was half-bred, doubtful, and inconsistent with the laws of physical science. One step in this direction was the surrender of the so-called *partielle Verrücktheit*, and its resurrection as a legitimate and characteristic form of mental disturbance, having its own symptomatology, history, course and pathology, under the term *primäre Verrücktheit.* The addition "*primäre*" in this term should be abandoned, since it is as immaterial as it would be in connection with melancholia, mania, paresis; and as superfluous is the term "*originäre*" for Dr. Sander's proposed variety.

It is my opinion that, to any general or special denomination of the condition in the English language, the term "chronic mania" is much to be preferred to those above enumerated. The condition is a chronic

one from the beginning. Meynert as well as Westphal stand up emphatically against its conception as a mixture of mania and melancholia, although, as Griesinger aptly remarked,* the two chief evidences of mental disorder, the melancholic and the maniacal excitement shine through here as everywhere. But in this case the preponderance is on the side of the latter, and for this reason, the term mania in combination with chronic is particularly appropriate. And this the more so as for the designation of that chronic form of insanity, which is consecutive to progressive acute mania, and other mental affections, the term "dementia" has been universally adopted.

But, as I remarked above, the term to be applied to the condition is immaterial if there exists an agreement as regards the correct conception of the subject; to which end the foregoing exposition is offered, as in some respects, perhaps, a not unwelcome contribution.

*l. c.

MONOMANIA.*

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The term monomania was first used by Esquirol, about fifty years ago. He describes it as a chronic cerebral affection, without fever, characterized by a partial lesion of the intelligence. "Sometimes the intellectual disorder is concentrated on a single object or on a series of circumscribed objects. The patients start from a false principle and follow it up to its logical sequence, whereby their emotions and voluntary acts are modified. Outside of this partial insanity they feel, reason, and act like other persons. Illusions, hallucinations, vicious associations of ideas, false, erroneous, whimsical convictions form the basis of the insanity, to which I would give the name *intellectual monomania*."

Since Esquirol's time the term has passed into common speech, but not into common understanding, with the specialists, the general profession, or the laity. "It is a sort of monomania, doctor," is a set speech for many cases brought to the asylum, and has been applied to every form of insanity, from raving madness to most advanced dementia. The object of this paper is to endeavor to present in a succinct manner, the best thought and teaching of to-day about monomania.

For myself, I have no fixed and accepted opinions to advance. Observation and study have as yet brought no settled convictions. It is very easy to find in the wards of any asylum many cases that fill, more or less completely, the different descriptions of monomania as

* Read before the Alumni Association of the Medical Department, Buffalo University, February 23, 1885.

found in the books. But until there is some agreement as to what monomania is, the way does not seem clear to draw these cases from their positions among the various classes of mania and melancholia, where they still seem properly to belong, and to dignify them into a new and distinct form of mental disease. We shall, in studying monomania, judge it by the same rules we would apply to establish and govern any other definite form of disease, and if it falls too far short reject its claims.

Those who use it should not have to object to the term itself, defend and excuse it, and also acknowledge there is really no such disease, but only an approach to it. Can you imagine no real pneumonia? What would you think to read, "this is as near a case of true pneumonia as I can present to you,"—or qualify in the same way a case of acute mania, or epilepsy with mania or paresis? Monomania strictly means one fixed insane delusion, or delusions limited to a single subject, and that outside of this condition, intellect, emotions and morals are unaffected. Let us for a moment consider what those who employ the term have to say of this narrow, but correct, definition.

Bucknill and Tuke, (Edition, 1879), regret the use of the term, and say, in its literal sense it has a disputed existence, and that the different morbid conditions described by different writers leads to "hopeless confusion." Yet they make practical use of the term, and add again to the hopeless confusion.

Dr. Henry Maudsley, (*Pathology of Mind*, Edition, 1882), describes monomania as a disease, but seems to do so doubtingly, for he frequently speaks of it as "so-called monomania," and rightly, for he believes in it in no restricted sense. He says, "for the most part there is more derangement than appears on the surface,

* * * however circumscribed the range of delusions seems to be * * * the application of a sufficient test will discover it. The faculties of the mind are not independent, so when a part suffers the whole suffers more or less intensely."

Dr. G. F. Blanford, (Edition, 1884), says: That authors who describe a form of insanity they call monomania, "are not agreed as to the symptoms the term denotes," and "probably that which is most commonly called monomania is chronic insanity, where the patient is removed from deep depression on the one hand, and gay or angry excitement on the other, and where the bodily health has resumed its ordinary level." "The distinction," he says, "between mania and monomania is for the most part verbal."

Again, it is not wise to accept too willingly a classification that many authors and observers deny. Dr. McLane Hamilton (*Medical Jurisprudence*, Edition, 1883), says, "that in nearly all cases of either mania or melancholia, though there is a prevailing delusion, there is as well a variety of others." That "the term monomania is an impractical refinement." He says of it, as of moral and partial insanity, they are terms that "are relative at best, and while convenient are dangerous." He further states "that ordinary cases of mania, at different stages, can be designated not only as 'monomania,' but 'moral' and 'partial' insanity by those who look upon the case superficially."

Dr. T. S. Clouston, (Edition, 1883), says: There are very few, if any, examples of pure monomania. Nevertheless he ably devotes a chapter to describe the impure forms.

Dr. E. C. Spitzka, (Edition, 1883), says the objection "that there is no insanity on a single topic must be sustained in the majority of cases." He parries criticism

by saying, "with the abuse of a term investigators have little to do," and that "in medicine we can not afford to be too strict constructionists of terms."

Dr. G. H. Savage, (Edition, 1884), does not include monomania in his nomenclature of the different forms of insanity, nor does he describe any such form. He speaks of "so-called cases of monomania," and points out that nearly all such cases have "passed through mental storms, and those extraordinary delusions are the result of acute attacks," and are the "natural growths, from the delusions of the acute disorder."

Dr. H. M. Bannister, (*Journal of Neurology and Psychiatry*, May, 1884), says: While there are undoubtedly but few cases that fall under so strict a definition, yet he "sees no reason to deny that there will be some that can be properly thus classed."

Dr. W. A. Gorton, (*Boston Medical and Surgical Journal*, August 7, 1884), says: While it is no wonder "its existence as a separate form of insanity is disputed," there are, among the great number, some cases that "seem in certain well defined respects" to be considered in a different "sense" from acute or chronic mania or melancholia.

Dr. W. H. D. Sankey, (Edition, 1884), speaks of monomania in the chapter upon "so-called kinds of insanity," and says "the term has been used in different ways—by some it means the patient is mad on only one point. * * * * As such a condition does not exist, most writers have agreed to abandon the term."

Asylum superintendents, who certainly are possessed of a practical acquaintance with insanity, generally reject the term monomania. The reports of seventy-seven asylums, for the year 1884, including English, Canadian and American, give a total of 15,461 admissions. Forty-eight asylums, with

9,237 admissions, give tables of forms of insanity, but make no mention of monomania. Fifteen asylums, with 3,692 admissions, report cases of monomania, while fourteen asylums, with 2,532 admissions, have no table of form of insanity of patients admitted. The fifteen asylums report one hundred and eighty-five cases of monomania. One asylum reports forty-four cases; one, twenty-six; one, twenty-nine; one, thirty-six; and one, twenty; the remaining thirty cases are divided among ten asylums.*

In these statistics monomania makes a poor showing in spite of all its friends can do for it. The total number of cases is very small when compared to the total admissions of the fifteen asylums. Those who report cases show upon comparison the same disagreement that one finds in studying the disease from any standpoint. One asylum with 98 admissions reports 29 cases of monomania, while another asylum reports one to 477; another one to 220; another two to 300; another twenty-six to 192 admissions.

Suppose we were studying pneumonia for the first time, and we should find that two-thirds of the general hospitals failed to report any cases, that those who did, reported but few cases. Suppose that reading many authors for the year, we found that they denied that there was any such disease, that it was all a mistake, a mere verbal difference. Suppose we further found that those who used the term, were obliged to defend it, excuse it, and acknowledge that any such disease was seldom if ever seen, or never in any true and literal sense, that it "has a disputed existence," that the use of the term "has led to hopeless confusion."

* Three English asylums, report among admissions cases of "delusional insanity." These have been considered to be cases of monomania. Whatever doubt the writer entertained has been thrown in favor of monomania.

Suppose all this to be true of pneumonia, would we not be justified in demanding of those, who have this year written in defense of the term and the disease, that they present to us, a form of disease with a somewhat uniform clinical history, a sound and agreeing etiology, and a clear and not too contradictory pathology. But suppose upon reading these authors we found them full of vital disagreement, overflowing with contradictions one of the other—would we not be justified in doubting the value of the term and in refusing for the present, to accept pneumonia as a distinct form of disease? The first part of this supposition has been found to be true of monomania, and the last part we shall also find to be true, after studying the writings of those who use the term. We would therefore seem to be justified in still refusing to acknowledge the truthfulness of the term monomania, and in failing to find any cases of mental disease to which we can apply it. The whole history of monomania for fifty years has been one of ever shifting teaching, and endless contradictions of observers, and a constant and uniform denial by a majority of the specialists of the existence of any such form of disease, and such is the state of affairs to-day.

A superficial reading shows a confusing difference of scope and definition among the authors of the last half decade, and careful study fails to enable the student to reconcile the different views. The reasons for the misunderstandings and varied applications of the word monomania are these: The word has a fixed value; meaning a disease characterized by a very narrow class of insane delusions, upon one subject only. It seems fair to assume that the existence of any such disease is extremely rare, if it ever really has any existence. At the same time the term is striking, popular and

easy of an ignorant sort of belief. Many cases of acute and chronic insanity seem upon a superficial examination to have but a few prominent delusions. The patient then "is all right," except upon one subject, and is therefore a monomaniac. These remarks are not to be applied to the writers we have mentioned or to others in the specialty who believe in monomania. Their arguments and ideas can not be overthrown by calling them superficial, popular or ignorant, because such a statement would not be true. Rather it is the respect I have for them that calls for this review of their teachings. But they are using a term that should mean something definite. They seem to fail to find any cases that can be described by so strict a term. One person describes something that is like it; another something that is like it, but on the other side, entirely different from the first description. The effort to prove that nothing is something gives scope to the imagination, but does not tend to an agreement of thought or oneness of ideas.

In considering the teachings of recent writers we will first point out what seem to be some of those contradictions and differences. Dr. Spitzka says that monomania is essentially a primary disease, that it is not secondary to any form of acute insanity, as acute mania or melancholia. On the other hand, Dr. Maudsley, while holding that the disease may be of primary origin, and that inheritance may predispose, and peculiarities give rise to the peculiar form of delusions, yet mostly regards it as a disease secondary to acute mania and melancholia. Dr. Clouston also believes it to be mostly secondary to acute diseases, and nowhere speaks of it as of primary origin, although a certain part of his cases are traced to hereditary tendency and native peculiarities. Dr. Spitzka's idea

of a primary disease is based upon an etiological pathology that is peculiar, and gives so distinct a characteristic to this form as to remove it entirely from that description of mental disease, put down as chronic and secondary to an acute attack. He believes that primary monomania originates in an inherited neuro-degenerated taint, which generally marks the person as peculiar, and eccentric, and he claims in each case the existence of cranial deficiencies or other evidence of inherited nerve vice. Upon such a person is implanted a primary disease, peculiar in its manifestation and called monomania. The exception is that the origin of the disease may be due to some acquired, sudden or deep, nerve injury, as typhoid fever, sunstroke or syphilis. If these hereditary tendencies and evidence of nerve degeneration are not present, the difficulty is easily got over by assuming their existence. So strongly does he argue in favor of the inherited taint, that in making a distinct class of mental diseases, he has in it idiocy and dementia at one end and monomania at the other. Dr. Maudsley, however, considers "so-called monomania," when secondary to acute insanity, to be a sort of one-sided manifestation of chronic mania, for he says: "At the one end the chronic mania has the partial or circumscribed character of so-called monomania; at the other end it passes insensibly into dementia." There would appear to be a vast difference between a disease, primary in its origin, and depending upon an inherited or acquired organic nerve taint, and one that is simply a secondary disease, more especially when the believers in the first form utterly deny the right to the second to be called monomania.

It is difficult to say what Dr. Hammond believes upon these points, for he says but little. In a general way he believes in heredity, but he does not especially

apply his belief to monomania. Some of his cases, he distinctly says, have no hereditary history. To his mind the influence of our thoughts and emotions has a most decided agency in producing monomania. He says: "Continued thought in any one direction, is liable to produce more or less mental disturbance in the mind of the sanest persons. Repeatedly telling the same lie eventually induces the liar himself to believe its truth." Speaking of the emotions he says they may "acquire such an undue and morbid influence as to dominate the will and intellect." "The emotion of pride and vanity is developed upon an actual fact to such an abnormal extent as to constitute veritable insanity." The emotion of avarice is frequently developed "to constitute a state of insanity." The emotion of jealousy may overcome the intellect and will and become ungovernable, and therefore be insanity. Pernicious doctrine this, yet it is the legitimate outcome of a belief in monomania, and gives strength to the statement of Dr. Hamilton, that while it is a convenient, it is a dangerous term.

Dr. Bannister, in the article before quoted, says, speaking of the origin of monomania, "that an exclusive dwelling upon a single idea, not in itself an insane one, may so intensify it as to render the one who indulges in it insane, * * * need not, I think, be denied." "A man may be perfectly fitted for the position in life in which he happens to be, in every respect except the possession of a single delusion, prompted, it may be, by some morbidly intensified natural feeling." It has, then, come to this, that a man may think himself into a disease, and that, with the exception of a single delusion, founded upon a morbidly intensified natural feeling, which is his insanity, and which insanity is monomania, the man may be perfectly sane. This is getting down

pretty near to nothing. Follow in your minds for a moment the element of cause or origin from Dr. Spitzka's inherited, and as a proposition soundly pathological through all the others to Bannister's entirely metaphysical cause, and does it seem possible that they can all refer to one and the same disease?

Dr. Clouston warns his readers against too hastily calling a case monomania. He describes it, as does Dr. Spitzka, as a chronic disease, saying it is never established till at least a year after the subsidence of the acute attack, and the delusions have remained unchanged. But some of Dr. Hammond's cases recover in a *few months*. The central idea of monomania to Dr. Clouston is the presence of delusions of a fixed character. But Dr. Spitzka objects to "the term 'delusional insanity,' for the reason that delusions are not an essential feature of all varieties of monomania, for they may be entirely absent."

Dr. Hammond also believes that delusions are not of necessity connected with all varieties of monomania. He describes "emotional monomania," a condition where one of the emotions only dominates the intellect and will. Again Dr. Clouston tells us that not only must monomania be a chronic disease, but it must be one of a few fixed, controlling delusions, and warns his readers not to call it monomania, unless along with this delusional condition, all general brain exaltation or excitement or general depression has passed away. Dr. Hamilton has, in direct opposition to this teaching, given us two varieties of delusional monomania: one monomania with exaltation, and the other monomania with depression. Nor is this merely a difference of definition and the use of words. Dr. Hammond largely describes acute cases of insanity with depression or exaltation. His clinical cases are much more tumultu-

ous than are the more peaceful cases of chronic insanity described by Dr. Clouston.

Dr. Clouston speaks of cases "where from the very subacuteness of the mania or melancholia, exaltation or depression was not very evident, and a delusion stood as apparently the disease," and cautions his readers against mistaking such cases for monomania. Dr. Hammond, curiously enough, in his two first cases reported under the head of monomania with exaltation, describes a condition of subacute mania, with a few prominent delusions, and but little exaltation. One passes into dementia and the other recovers in a few months.

Here, then, is the difficulty of fixing in one's own mind, exactly what monomania is. Spitzka tells us it is a primary disease and dependent upon a few special causes. Other writers find monomania to be a chronic disease, but one of secondary outcome of the acute forms. One tells us it is never established till at least a year has passed after the subsidence of the acute attack, and another tells us some of his cases recover in a few months. One writer says it is not monomania unless accompanied by delusions. Others say delusions are not a necessary part of the disease; it may exist without any. One writer says it must not be considered monomania till all general excitement or depression has subsided. And another speaks of monomania with exaltation, or with depression; the very class of cases one author warns his readers against mistaking for monomania, another uses to illustrate his conception of the disease.

There are certain terms used, as pyromania, kleptomania, nymphomania, homicidal or suicidal mania, that are commonly thought to be subdivisions of monomania. They are not so used by the writers we have mentioned. Dr. Hammond includes them under "emotional morbid

pretty near to nothing. Follow in your minds for a moment the element of cause or origin from Dr. Spitzka's inherited, and as a proposition soundly pathological through all the others to Bannister's entirely metaphysical cause, and does it seem possible that they can all refer to one and the same disease?

Dr. Clouston warns his readers against too hastily calling a case monomania. He describes it, as does Dr. Spitzka, as a chronic disease, saying it is never established till at least a year after the subsidence of the acute attack, and the delusions have remained unchanged. But some of Dr. Hammond's cases recover in a *few months.* The central idea of monomania to Dr. Clouston is the presence of delusions of a fixed character. But Dr. Spitzka objects to "the term 'delusional insanity,' for the reason that delusions are not an essential feature of all varieties of monomania, for they may be entirely absent."

Dr. Hammond also believes that delusions are not of necessity connected with all varieties of monomania. He describes "emotional monomania," a condition where one of the emotions only dominates the intellect and will. Again Dr. Clouston tells us that not only must monomania be a chronic disease, but it must be one of a few fixed, controlling delusions, and warns his readers not to call it monomania, unless along with this delusional condition, all general brain exaltation or excitement or general depression has passed away. Dr. Hamilton has, in direct opposition to this teaching, given us two varieties of delusional monomania: one monomania with exaltation, and the other monomania with depression. Nor is this merely a difference of definition and the use of words. Dr. Hammond largely describes acute cases of insanity with depression or exaltation. His clinical cases are much more tumultu-

ous than are the more peaceful cases of chronic insanity described by Dr. Clouston.

Dr. Clouston speaks of cases "where from the very subacuteness of the mania or melancholia, exaltation or depression was not very evident, and a delusion stood as apparently the disease," and cautions his readers against mistaking such cases for monomania. Dr. Hammond, curiously enough, in his two first cases reported under the head of monomania with exaltation, describes a condition of subacute mania, with a few prominent delusions, and but little exaltation. One passes into dementia and the other recovers in a few months.

Here, then, is the difficulty of fixing in one's own mind, exactly what monomania is. Spitzka tells us it is a primary disease and dependent upon a few special causes. Other writers find monomania to be a chronic disease, but one of secondary outcome of the acute forms. One tells us it is never established till at least a year has passed after the subsidence of the acute attack, and another tells us some of his cases recover in a few months. One writer says it is not monomania unless accompanied by delusions. Others say delusions are not a necessary part of the disease; it may exist without any. One writer says it must not be considered monomania till all general excitement or depression has subsided. And another speaks of monomania with exaltation, or with depression; the very class of cases one author warns his readers against mistaking for monomania, another uses to illustrate his conception of the disease.

There are certain terms used, as pyromania, kleptomania, nymphomania, homicidal or suicidal mania, that are commonly thought to be subdivisions of monomania. They are not so used by the writers we have mentioned. Dr. Hammond includes them under "emotional morbid

impulses," as, kleptomania, "impulse that prompts to steal;" pyromania, "love of setting houses on fire;" homicidal mania, "intense desire to kill." Do not these conditions and definitions come nearer crime than insanity?

Dr. Clouston includes them under the head of "defective inhibition or insanity without delusions, exaltation, depression or enfeeblement." He assumes, however, that there are nerve inhibitory centres governing our will. With defective inhibition we get some cases that have uncontrollable impulses to violence and destruction, others to homicide, others to suicide, without depression, others to acts of animal gratification, (satyriasis, nymphomania, erotomania, bestiality), others to drinking, dipsomania; others to setting fire to things, pyromania; others to stealing, kleptomania; others to immoralities of all sorts, if any are left; moral insanity. Again we are prompted to ask, do not these conditions, founded upon such a hypothetical cause, come nearer crime than insanity?

The only case of so-called pyromania I have seen among twelve hundred lunatics, was the case of a man who set fire to a dozen barns under the delusion that a wizard who harmed him was in one of them. And the only case of so-called kleptomania was that of a woman who stole many articles from an unoccupied house and from a store. She placed them in odd positions about her house; and claimed she received special benefit from them in these positions, and that she would be entirely cured by emanations that came from them. Perhaps I should know more of these forms of insanity if I were physician to the penitentiary instead of the insane asylum.

Monomania is described by all writers as a disease of greatly varying degree and intensity. Many persons

of haughty pride or absurd grandeur, with dangerous jealousy or harmless delusions, so conduct themselves as to maintain their proper relations to society, earn their own living and support their families. These may easily come within some of the limitations of monomania. In asylums are found kings, and all kinds of great and noble men, who quietly and daily wash the dishes on the ward, and perform other acts of menial labor. A Virgin Mary irons shirts in our laundry, and at the same time tells us she is the most blessed of women. Delusions and suspicions of the most painful kind are frequently harbored by persons who are quiet and good members of society when removed from the object of these delusions. A patient in the asylum who for twenty years has had delusions of her husband's infidelity, with hallucinations of hearing and sight, and who became so violent that she was arrested as a "lunatic dangerous to be at large," has been with us two years, and is one of the quietest and most polite of patients, except upon an occasional visit from her husband.

But monomania is not always so pleasantly or foolishly harmless, or so quietly or painfully distressing. Under the influence of thwarted delusions, driven to desperation by hallucinations reflecting upon their character, flooding their ears with obscene or profane abuse, offering them poison in their food or drink, working upon them "spells" by electricity, blowing foul odors under their doors, mutilating their bodies, ravishing them by night, telling it on the wards by day,—these are a few conditions that drive the so-called monomaniacs to periods of frenzy or to prolonged violence, to commit homicidal or incendiary acts, or others of a criminal nature.

The delusions of monomania are as numerous as the objects of human thought and knowledge. These have

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been grouped by their more prominent features, and some of them, described as more or less alike by different authors, we will speak of. It must be said in explanation however, that as delusions they are by no means confined to monomania.

Delusions of grandeur and pride include a very large class. Here are found the kings and noble people, the millionaire, the raving beauty, the effusive poet. Not infrequently they display in their lofty air, or grotesque or scornful bearing, and a peculiar muscular rigidity, the greatness of their self-esteem. A patient in the asylum, who thinks himself a major-general, works faithfully at his trade as a painter; but a drum-major might envy his contortions as he heads a party of patients in the walk about the grounds. The delusions are not always so pronounced. Intense and all prevailing egotism may mostly make up the peculiarities and give tone to the delusions. A patient whose pride and greatness are centred in her deceased father, in the most lofty manner condescends to look and speak to her mother, distantly shakes hands with her brother, and stiffly kisses her sister when they visit her. In everything she does she is carrying out her father's wishes.

An interference with the freedom of these patients is often the cause of violence and ideas of persecution. A person may have a delusion that he is a special agent of God to perform a certain great work. This may be accompanied by heavenly visions and direct commands from God. Placed in an asylum, his whole conduct may change from joyful exaltation to a sense of being persecuted and depressed. This is a subdivision of monomania of grandeur, and often called religious monomania. The patient may be God, a prophet, John the Baptist, Martin Luther, the Pope, Spurgeon or Moody. Another subdivision of grandeur is called

erotomania. The emotions, feelings and delusions are intense, but generally pure. If a young woman being insane becomes in love, once or many times, she may not mention her lover's name, or speak of him or see him; but she raises him upon a pinnacle of goodness and greatness, and adores and worships him with all the earnestness of her "intensified morbid" emotion. Her passion absorbs her thoughts, her life, but it is pure. A patient in the asylum, old enough to be my grandmother, thinks I desire to marry her. The tender passion she fully returns, and believes I make my love to her by "mental communications" in my absence. Her fury is terrible when I will not, in her presence, repeat the offers I make when away from her. But I am sure any attempt to take advantage of her unhappy love would be resented with as great and indignant a fury.

Monomanias of suspicion and persecution form a separate class. We have seen how patients with delusions of grandeur may have delusions of persecution. But in others the delusions of persecution or suspicion may exist by themselves. Our manner, as a shrug of the shoulder, a word, or look or cough, the shape of letters or certain words in newspapers, may be the cause of most intense suspicions and the wildest delusions,—as plots against country, person or property, delusions of poisoning, and especially of violated marital relations. These are common forms of monomania of suspicion. Perverted sensations give rise to delusions,—as, a cancer of the stomach, of poison, or of devils in the belly, or hallucinations of smell, delusions of chloroform. These are called delusions of unseen and unnatural agency. Rheumatism, cancer, tuberculosis, or syphilis, are said to largely give rise to this condition. These divisions are not always entirely distinct, but pass insensibly one

into the other. Delusions of persecution and grandeur may exist side by side, together with hallucinations of the several senses, while periods of frenzy and impairment of moral sense, and vicious indulgences are described as belonging to the same case and are called monomania.

It has seemed best to leave the definitions of monomania until the ideas of the different writers about the disease had been explained. To those who make them they are confessedly unsatisfactory; to those who read them, they are even less satisfactory, as they do not clearly define or exactly limit the disease. Dr. Clouston's definition has been fully given, and need not be repeated. But one wishes to ask Dr. Clouston what are limited delusions? What bounds are to be set up and why? All delusions have their limit and the delusions of every case of insanity are limited. Why must they be "fixed for one year" before calling them monomania? Why not six months or two years? Can two persons decide and agree, when the delusions are so "fixed" and "limited" as to constitute monomania and nothing else? We have seen they are not agreed. Dr. Hammond defines intellectual monomania to be "a perversion of the intellect characterized by the existence of delusions limited to a single subject or *a small class of subjects.*" We would respectfully ask how small a class of subjects? What is the limit? Small is a very flexible term, and what seems small to one is very extended to another. You will notice there is no limit to the fixedness of the delusions. Unlike Dr. Clouston's, the small class of delusional subjects may constitute monomania much inside of a year. Nor is there any fixedness that relates to continuity. Dr. Clouston's are fixed and the diseases chronic. Dr. Hammond's small class may not be fixed and the

patient recovers in a few months. Why does Dr. Clouston qualify his fixed and limited delusions of not less than a year by saying there must be no depression or exaltation? And why does Dr. Hammond find his small class of subjects affected by delusions, to be qualified by depression and exaltation in order to be monomania? These are some of the puzzles that suggest themselves when reading these contrary definitions.

Dr. Spitzka defines monomania to be a "chronic form of insanity based upon an acquired or transmitted neuro-degenerated taint manifesting itself in anomalies of the conceptional sphere which, while it does destructively involve the entire mental mechanism, dominates it." One would ask, how many "anomalies of the conceptional sphere" must exist in order to give us monomania. Not one alone, for he says in a majority of cases there is no such thing as "insanity on a single topic." Shall we look for five, ten or twenty "anomalies" to limit and bound the disease. Is it to be arbitrarily set, or shall each choose for himself? And further, as he says in monomania the majority of cases present insanity upon *more* than a "single topic," we again want to ask what limit shall we make to the number of topics and still call it monomania? He evidently tries to answer the objection in advance. He says, "with the limitation * * that the insanity extends in a *special direction* across the *mental horizon*, monomania may well retain its place in our vocabulary." [The italics are ours.] But how absurd, meaningless and unscientific is such a figurative definition of an unlimited and disputed disease, that includes both physical and mental symptoms.

One also wants to ask, will not the greater part of insanity be included in a condition in "which, while they (the anomalies) do not destructively involve the entire

mental mechanism dominate it." What insanities destructively involve the entire mental mechanism? But few if any.

It seems fair in reviewing definitions and fundamental principles, to be strict contructionists, even if we are not to be so of medical terms.

There has been an earnest attempt made in Germany to place monomania upon a sound etiological, pathological and clinical basis, and to dignify it into an exact disease. They have tried to discard the contradictory and unsatisfactory teachings of the past, and to set up something that has a real existence and call it monomania. This much may be said of it. If the time and our knowledge is ready to withdraw cases from these various forms of mania and melancholia, we find in the German *Verrücktheit* something more worthy of study and adoption than anything yet presented. It is best set forth in the writings of Krafft-Ebing in German, and by Spitzka in English. In the very brief description I shall give, I shall quote mostly from these works. It has received the sanction of many alienists on the Continent, and is working its way among English and American alienists.

The past year several American asylum superintendents have reported and described cases they considered to come within the definitions of this form of insanity.

The word *Verrücktheit* literally means, according to Dr. Spitzka "shifted from its place" and is about equivalent to the English "cracked" or perhaps the later word "crank."

To quote almost literally from Krafft-Ebing,* it is

First. An essential or primary disease.

*The translation is one made by Dr. H. M. Hurd, and kindly furnished for the preparation of this article.

Second. It is almost wholly an affection of a burdened brain.

Third. It is characterized by delusions with an absence of an emotional basis, and of conscious intellection of their origin.

Fourth. It is of a deep fixed character, not terminating in confusion or dementia but leaves the apparatus of logical thought intact.

The burdening shows itself largely in inherited taint, or if acquired burdening from infantile brain disease, or rickets or from some other cause affecting the development of the skull, and later from injuries, fevers and like severe causes.

Upon this physical underlying predisposition to insanity, the ordinary exciting causes act to bring about the attack, as puberty, change of life, masturbation, intemperance, grief, anxiety, poverty and want, and general ill health. The eccentricities of the person are apt to give the chief characteristics to the disease, as a naturally vain and pompous person takes on monomania of grandeur, or a suspicious person the form of persecution and suspicion. The development of the disease is slow. He speaks of false impressions showing themselves, the judgment at first correcting them, but continuing to appear; the play of the imagination and attention fosters them and upon this condition delusions arise. So hallucinations appear, corrected perhaps at first, but soon becoming a part of the patient's accepted consciousness.

There is nothing particularly new in the description of symptoms by the writers on *Verrücktheit*. Most insane conditions can be reduced to states of exaltation and delusions of more or less grandeur, or states of depression with delusions of persecution or suspicion. It is the play and sequence of those

delusions and their affirmed dependence upon physical causes setting up a primary insanity, that gives to these groups of symptoms the only claim to a separate recognition.

The delusions of grandeur, often begin in quiet assertion, or demand for protection against persecutors, followed in those holding them by a state of active claims and perhaps dangerous attacks to assert their rights and get them by force, or if confined in an asylum they become subject to melancholy depression and ideas of persecutions, and are very suspicious. In the first stage, there may be nothing to interfere with their relations to society, but in the second stage they may become suddenly and desperately violent. A prince may go out to seek his throne, and attack the first person he meets, or a prophet of the Lord offer up human sacrifices, or openly wage battles against sin.

Or they may seek their rights through the courts, bringing harmless but vexatious suits, hanging around public places all their lifetime, the objects of ridicule or the butt of rude jokes.

There is described in some cases a state of transformation, when the delusions and hallucinations change. This change may be slow, or sudden and with violence, or the patient pass through so-called trance states, with visions, perhaps of God or Christ, or of heavenly glories. Out of this state the patient emerges into a more quiet, fixed and contented condition, and the contemplation of the fulfillment of his mission. If he is a prince his mind is satisfied with the idea, and he sinks down in an asylum into the place of an ordinary chronic lunatic; others no longer fight prophets, but become quiet persons of the Trinity or mothers of God or rulers of the universe.

Krafft-Ebing theorizes that these changed states

and the processes of transformation are due to changed molecular relations in the central nerve organism. There is no ground for objections to this belief, if one desires to hold it. It may be presumption on the part of one who can not honestly say he has ever seen a real case of *Verrücktheit* to give as his opinion that this first stage of disturbed tumultuous insanity agrees very nicely with many cases of acute insanity, and the transformation and after condition seems wonderfully like the passage of this acute attack into a secondary chronic insanity.

Opposed to this delusional monomania, writers on *Verrücktheit* describe a form without delusions, called primary insanity with imperative conceptions.

There is disturbance of the conceptions *without* delusions. It grows out of the same primary pathological causes. Imperative conceptions, to quote Spitzka, are phenomena that arise suddenly, without any obvious connection with previous thought; they appear like spontaneous explosions of some uncontrollable segment of the nervous system. They have been aptly called rudimentary delusions. They may become fixed and controlling. Imperative conceptions lead to imperative acts. These conditions seem near of kin to morbid impulses, emotional morbid impulses, loss of inhibitory will power, and some cases described might be well called moral insanity, and others emotional monomania.

Krafft-Ebing thus described the growth and mastery over the intellect and will by the imperative conceptions so as to form monomania. Into the mind from our deep consciousness are forced doubts and questions, as: Is there a God? What is eternity? How did man originate? Or the sight of a knife makes one ask: what if I should commit murder? Or doubts arise

and begin to dominate the thoughts as, did I lock the door? Was the letter properly written? Or in prayer, damned instead of blessed, hell instead of heaven, forces its way and persistently returns. The patient broods over these intrusions, summons his will and banishes them until at last they obtain the mastery, just as hallucinations at first are corrected and then control. All peace is lost, imperative acts are committed, perhaps dangerous to his life or others.

The sight of a dog brings forth conceptions of rabies and the patient suffers from the disease, with as much distress and anguish of mind as though real. The sight of a copper vessel suggests vitriol and thus poison, and then the application of it to himself or his family. The term used is conception, not delusion, as the conception of fears of defilement, or of being alone in closed places. Under imperative conceptions, the kleptomaniac, the pyromaniac and all other half-morbid, half-emotional and criminal conditions find a safe resting place.

Having no views of my own to advance, no theories to expound, being like yourselves a student, I will leave the matter here for your own contemplation, your adoption or rejection, and consider my duty done, if I have succeeded in fulfilling my wish to set before you the teachings of to-day upon monomania.

MENTAL HYGIENE.*

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Hygiene in general is the art of preserving health, and is a subject that engages attention in proportion to the degree of civilization a community has reached. Savages that live by the chase, and men in the lower conditions of civilized life, pay but little, if any, attention to matters of this kind. How great its importance is to us may be gathered from statistics which show that the annual loss of life in this country from causes now demonstrated to be preventable, is one hundred thousand. In addition to this great mortality there are in the United States constantly sick from causes we have every reason to believe are preventable, one hundred and fifty thousand persons. Every year one person in each five hundred of our population becomes insane or is at least mentally maimed. Thus the productive capacity of a community as a whole is reduced, needlessly, and in part wickedly, at least thirty per cent.

The causes of sickness are classified into: 1. "Hereditary;" 2. "Physical and chemical;" 3. "Organized or vital;" and 4. "Mental." It is only of this latter division of the subject that I shall speak to you to-night. Mental Hygiene is so great a question embracing as it does so much of psychology and metaphysics, that but few glimpses can be obtained here and there of its more obvious phases in a single paper. All men are to a greater or less degree observers and students of mind.

*Abstract of a lecture delivered March 23, 1885, before the Y. M. C. A. of Utica.

The humblest and the most learned, each from his own standpoint, is a judge of the mental phenomena exhibited in his own person. There is something so mysterious in the relation of the mind to the body and of such vital importance, that no one is so dull as never to have thought of it. The little peculiarities and failings we observe in others are causes of constant speculation, while our own variations from what we consider normal and right conditions, cause us much anxiety and unhappiness. I am persuaded that if we understood more thoroughly the physical causes which produce the fluctuations of feelings, and knew how to avoid the many undesirable states of mind we all experience, we should not only order our lives more carefully, but also be enabled to enjoy to a greater degree our present conditions.

In judging of other minds we must remember that we possess but little positive knowledge. It is only my own mind that I can know directly. Of other minds I may judge by gestures, conduct and by communicated information. These objective signs, however, appeal to our higher senses, and we can discriminate and judge very accurately from them. But my own mind I know by introspection and consciousness. We never can have access to the method of working of another mind, and the only assumption we can make is, if another person acts precisely as we act, he must feel as we feel. Yet we may not know all the circumstances, and may judge incorrectly, and so in estimating the mental status of our fellow-men as in judging of their religious status, there is safety only in the exercise of great charity.

Of no other period of human history can it be so emphatically asserted as of the present, that the race is not to the swift nor the battle to the strong. In ruder

civilizations brute force, brawn and muscle played the most prominent part in elevating men to leadership, and the hero was the man of the greatest physical strength and endurance. To-day the ends which men most covet are obtained by peaceful methods, and brawn plays only a secondary part, furnishing the basis for healthy mental activity. For the struggle now is between mind and mind, rather than between limb and limb, and the best examples of mere physical excellence are less regarded than the mental endowments of the average man. Physical culture should be looked upon as a means only, the great end being a better intellectual growth.

We know of the mind only in association with a brain, and yet it is not a secretion or product of the brain, but is an independent essence or principle, requiring a brain however, not for its existence, but as its only means of manifestation. A healthy brain is, therefore, necessary for a healthy and normal manifestation of mind. It is practically a unit too, embracing however, several elements, as volition, feeling and intellect, a derangement in function in any one of which destroys man's power to adjust himself properly to his surroundings.

We need not be afraid on the one hand of the charge of materialism, if we emphasize the mutual dependence of the body and the mind; nor on the other hand of being termed unscientific if we admit that there is in man a spiritual essence which is not subject to the laws of disease and decay, but which, when the brain is no longer able to perform any function and the body is unable to resist dissolution, still remains unharmed and returns to its Originator. If mind were the mere outcome of matter, scientific research which has achieved so much in this field within the past few

years, would have enabled us to recognize some tolerably constant relation between physical conformation and certain manifestations of character. If there is anything settled, it is that there is no certain correlation between morals and matter. The doctrine of evolution teaches that the development of an organ is dependent upon its use, and that where there is need, an organ is developed to supply the want. But it also as clearly points out the fact that no organ continues to be developed when it ceases to be used, and cites the instance of the spur on the leg of the cock, which, after domestication, becomes a mere rudimentary organ. We know that great rapidity and accuracy of muscular movement are seen in the pianist after long practice, and that disuse causes loss of skill and of strength. Analogy seems to indicate that in the human being there is a highly developed brain *because there is a mind to use it*, and in this way does evolution refute the doctrine of materialism.

When we consider the brilliancy of the best minds, the power which great intellectual development gives, we can but be humiliated at the thought that this is after all dependent in a great measure upon good digestion, pure air, refreshing sleep and a comfortable temperature. Examples of this truth readily come to mind, and we are particularly struck with it if we search the pages of history. The men most distinguished in English literature, as a rule, possessed strong and healthy bodies, and largely because of this fact were enabled to accomplish what they did.

Newton went through his course of mathematical investigations unhampered by a single day's illness. Bacon had a physical constitution strong beyond that of most men, and the nice discernment of character which has made Shakespeare the poet for all time

could have come only from perceptions never disturbed by ill health. Burke scarcely ever lost a day from ill health. Walter Scott with a strong body trained by daily habits of exercise and recreation, was enabled to sustain a long career than which there is no more brilliant in the annals of literature. Indeed in every vocation the best results are obtained when there is continued good health.

The success of great military enterprises is often determined by the physical vigor of the general. How great this was in the case of Wellington is shown by the fact that the rest he craved amid the cares of the camp was to follow the hounds, and after spending the day in active hostilities he is known to have retired to his tent and to have written a masterly article on the establishment of the National Bank in Portugal.

Napoleon seemed to have a body that knew no fatigue. He was as untiring in the council chamber as in the field, and yet he once suffered such pain upon the field of Borodino, where his fate depended upon the result, that he learned of the progress of the battle without interest or emotion, and here he met his first decisive check.

It will of course occur to you that many equally distinguished in literature and statesmanship were so unfortunate as to be hampered during their entire lives by frail bodies. Such were Pascal, Cowper, Channing and Robert Hall. The list, however, if complete would be comparatively small, only large enough to make an exception to a very general rule.

If we therefore say that the normal development and expression of mind is so largely dependent upon physical strength, then in the subject of mental hygiene, must be included all those conditions which are necessary to bodily health.

To begin at the beginning the question of heredity is first suggested. This purely medical phase of the question I must pass over here for I fear you would not be interested in it, and I merely remark that the tendency of modern scientific research is to release us from many bonds we have hitherto believed were placed upon us by our ancestors, and thus to make each individual more and more responsible for his own state of mind and body.

That early training plays a most important part in securing both sound bodies and sane minds no one will deny; the only question is, what kind of early training will best secure mental stability and strength. No boy, even with a healthy body, can be crowded and filled with facts and no attempt be made by him to assort his facts and draw rational conclusions from them, without giving him an unbalanced and unwieldy sort of mind. A little knowledge clearly held in the mind and ready for use is a great power. Schooling is not so much for the thing taught as for the mental development that comes in the process of learning. It is undoubtedly a mistaken tendency of this commercial age to abandon the classics and in their stead to teach more modern things to boys, because the modern things have a commercial value. It is of no use to store a mind with knowledge of the most useful kind unless there be at the same time developed the power of observation and reasoning.

The world is full of men whose minds are richly stored with facts, whose memories are wonderfully trained, and who are not able to occupy places of importance, because they do not know the relative value or the proper use of the knowledge they possess.

Common sense is regarded all the world over as of more value than technical knowledge of any kind, and

yet common sense is nothing more than an equal development of all the mental faculties.

The aim then of early training should be not only to impart such knowledge as shall be useful in the affairs of life, but also—and it seems to me chiefly—to evenly develop the mental faculties. If a child shows a remarkable memory, the mistake is usually made of allowing and assisting the child to tax this faculty to its utmost, and thus to dwarf other and more important faculties of the mind, especially those of observation and reasoning. This is the precocious child that very rarely makes a strong-minded or long-lived man.

The faculty of remembering is not one of the highest of the intellectual powers or functions. Even idiots with slow and imperfect apprehension are often seen to perform real feats of memory, while the dog and the horse exhibit a marked capacity for recollecting their associations with persons and places and events after a long interval of time has elapsed. The powers of observation and of reasoning are much higher and more necessary in man, and therefore, ought to secure a larger share of attention in the training of young minds. For this reason the kindergarten method is infinitely superior to mere didactic teaching.

Children with vivid imaginations need more careful training of the memory and more cultivation of the habit of observation. If a highly imaginative child is given ghost stories, fairy tales and extravagant myths, and later, the trashy novel, the tendency is to make the man live in an unreal world and render him visionary and unstable. These persons when young often form the habit of day dreaming, a habit that is always bad. It is more commonly found in minds that are not of the highest order, and often prevents the attention being placed

To begin at the beginning the question of heredity is first suggested. This purely medical phase of the question I must pass over here for I fear you would not be interested in it, and I merely remark that the tendency of modern scientific research is to release us from many bonds we have hitherto believed were placed upon us by our ancestors, and thus to make each individual more and more responsible for his own state of mind and body.

That early training plays a most important part in securing both sound bodies and sane minds no one will deny; the only question is, what kind of early training will best secure mental stability and strength. No boy, even with a healthy body, can be crowded and filled with facts and no attempt be made by him to assort his facts and draw rational conclusions from them, without giving him an unbalanced and unwieldy sort of mind. A little knowledge clearly held in the mind and ready for use is a great power. Schooling is not so much for the thing taught as for the mental development that comes in the process of learning. It is undoubtedly a mistaken tendency of this commercial age to abandon the classics and in their stead to teach more modern things to boys, because the modern things have a commercial value. It is of no use to store a mind with knowledge of the most useful kind unless there be at the same time developed the power of observation and reasoning.

The world is full of men whose minds are richly stored with facts, whose memories are wonderfully trained, and who are not able to occupy places of importance, because they do not know the relative value or the proper use of the knowledge they possess.

Common sense is regarded all the world over as of more value than technical knowledge of any kind, and

yet common sense is nothing more than an equal development of all the mental faculties.

The aim then of early training should be not only to impart such knowledge as shall be useful in the affairs of life, but also—and it seems to me chiefly—to evenly develop the mental faculties. If a child shows a remarkable memory, the mistake is usually made of allowing and assisting the child to tax this faculty to its utmost, and thus to dwarf other and more important faculties of the mind, especially those of observation and reasoning. This is the precocious child that very rarely makes a strong-minded or long-lived man.

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upon those things that would enable the individual to improve his condition and lot.

Thus, while about their duties or at their studies these youths carry on in their minds a play, the chief figure, the hero, the heroine, the altogether desirable character being taken by themselves, and about this central figure they weave all sorts of incidents contributing to their vanity. I am convinced this pernicious habit is carried far beyond juvenile years, and that besides wasting much time and dissipating mental energy, it strengthens one's egotism and causes a distaste for the wholesome duties and pleasures of life.

This does not include the worse vice of developing a prurient and unclean imagination either by bad associations or by bad books, a thing too common and too well understood to require any further mention here. But simple, innocent day dreaming I am sure plays no unimportant part in warping the judgment, in causing offensive egotism and in relaxing the control over the emotions.

I recently saw a young man, richly endowed both by nature and by fortune, who had no vices, whose associations had always been pure and refining, and who, when urged by me to take some outdoor exercise because of a trifling ailment, said that he found no pleasure in exercise, disliked driving, cared little for books, and less for society. I then tried to find what his amusements were, for he was not insane and scarcely morbid. His answer was that he spent his time chiefly in day-dreaming. He was egotistical, self-satisfied, with no ambition and scarcely any aims in life, and I need hardly say, he was a man of no sort of influence in any community.

The dreamers are to be found in every walk in life. The dull and uninterested apprentice who dreams of

the splendors of luxurious idleness instead of applying his energies to the business in hand, makes a poor mechanic and attributes his want of success in after life to the oppression of the rich. The apathetic and listless clerk filled with thoughts not connected with his duties, fails to command a better place, and continues to be somebody's drudge through life. The inactive student, who builds castles in the air instead of conjugating his verbs, finds practical success in life eluding him, and he turns to vinegar, rails at fate, and abuses more successful men. The scholar, who lives in a world created by his own imagination, gets into a profession to find it crowded by better men, and turns to dissipation in some of its many forms to relieve his disappointed egotism. All these are familiar enough examples of the result of this unhealthy mental activity. The young girl who indulges the habit of day-dreaming, and keeps before her satisfied imagination the picture of herself surrounded by luxuries and fineries far beyond her actual lot in life, in this manner whiles away many an hour that would otherwise perhaps be irksome, but she also comes to place a false value upon mere show and external splendor, and to be dissatisfied with the commonplace duties and pleasures of life. She may perchance try to realize some of the pleasures of her own fanciful pictures by little adventures not approved by older heads, and may lose in a day what she can not regain in years; or it may be she is sought in marriage by a worthy and substantial man in her own sphere, and refuses him because he can not place her amid the splendors her roving imagination has painted. Her reason tells her she is wrong, her friends wonder at her decision, but she is haunted by a vision created by her unbridled fancy, and she lives to regret the habit of day-dreaming which thwarted her destiny.

These things are not the result of fate or chance, but rather the legitimate results of the dwarfing of the higher mental faculties and an over development of its lower powers. Cramming and straining of brains develop activity, but not strength and stability, and excepting in those cases where there are unusual endowments the process is likely to be followed by mental squints, moral obliquities and perversions, from which the cranks, the nihilists, anarchists and dynamiters are made.

What is the cure for this day-dreaming? Timely advice given by parents and teachers may do much to prevent the habit, while the cultivation of other faculties of the mind not directly related to imagination will prevent the surrender of the individual to any mental habit that is deleterious. Education should repress tendencies as well as draw out powers. The powers of observation must be stimulated by interesting children in outdoor amusements, that they may learn to love animals and flowers, and become acquainted with the processes of nature. I have observed that the boys most interested in horses, dogs, rabbits and birds, and later in field sports, in fishing, in botanical or geological studies, usually become practical and efficient men with well poised intellects. Nothing is more calculated to promote not only the healthy growth of the body, but also the symmetrical development of mind than an early and intimate association with nature.

It is a singular fact that in all large cities in this country, as often as every third generation, the large interests and the learned professions pass into the hands of men who were born and bred in the country. Name over the men in our city who are to-day the representative men in business, and see how few were born in the city and inherited their success.

This argues that the luxury and the temptations of the city wreck many men before they arrive at the period of their greatest possible usefulness, but it also demonstrates what to me is as significant a fact, that the country life for the child and the youth develops the habit of observation and of reasoning, which makes the strongest kind of a mind. In England the climate, the social distinctions and differences in manner of life, very materially alter the case.

It has been stated that mind is distinguished by three attributes—intellect, volition, and feeling. Feeling embraces all our pleasures and pains. Aside from muscular feeling and the sensation of the senses there remains the large and important element of feeling called the emotions. The part played by the emotions in the formation of character, as well as in the preservation of bodily health, can not be over estimated, and in any talk on mental hygiene, must be carefully considered both as to their development, their direction and their control. That volition and intellect are much higher qualities no one can deny, and yet we all know that in a large proportion of individuals the emotions override the one and pervert the other. The operations of the will are something distinct from our emotions, yet in every instance the primary cause of the volition is an emotion.

The influences of fear, of desire, of love have everything to do in determining our belief. If we fear an object, the evil it can do us is usually exaggerated in our minds. If we love an object we are proverbially blind to its defects, or if we hate an object we are equally oblivious to the good qualities, and thus do our emotions lord it over our intellects.

The anticipation of pleasure or the desire for acquisition of property precedes in my mind the

determination to go forth in pursuit, and thus our conduct is largely ruled by our pleasures and pains through our emotions.

Uncontrolled emotions strike us with intellectual blindness, preventing us for the moment from calculating the advantages or disadvantages of a line of conduct, and in this state we are guilty of our greatest imprudences.

The emotion of fear exhibits the greatness of its power over us by inducing the most irrational beliefs. I have known persons to allow themselves to fall so completely under the control of fear of pain, fear of sickness or of death, that an ordinarily good judgment has been completely overthrown, and they sought remedies and means of relief that are repugnant to reason. How often do we hear men revile quack nostrums, expose the vileness of some impostor, disclaim all belief in clairvoyance, mind-reading, faith cure, &c., and yet when threatened with some sickness or alarmed at some obscure sensation, they first brood over the matter, then become terror-stricken, and next seek consolation from one or from all these sources! They are honest enough in both instances, but have not the power or the skill to escape the thraldom of this emotion, and are duped and cheated in their weakness. Actual experience or total failure to secure the desired result does not seem to deter them in the presence of the next wave of terror from trying the same thing over and over again.

The term suspicion expresses the operation of fear on belief. The inception is an alarm that disturbs confidence, and we distrust objects and persons never before doubted. In this state of mind slight incidents are looked upon as ill omens, foreboding our ruin. As affecting our conduct towards others this form of fear is most disastrous. Many slanderous stories are started

by men whose morbid suspicions magnified some trifling act or look, and innocent persons are made to suffer. It is our obvious duty, when we find ourselves in this frame of mind, to correct by our judgment the error this emotion would lead us into, just as much as it is to resist the impulse to lie or to steal.

In extreme cases of anger this one emotion may acquire such control of the individual as to lead to words and to acts the most debasing and calamitous. The falsehoods, mistakes and confusions growing out of untrained emotions are seen in every relation of life. Individuals and races may differ much as to the kind of emotions that predominate, even as the strength of an emotion differs in individuals, and yet the control and direction of them is largely a matter of habit and training. In so far, therefore, as they may be made subservient to the will and be regulated by reason, are we responsible for their manifestation.

An acquaintance of mine whose generous nature and genuine goodness of heart endears him to every one that knows him, was one day walking with his wife and daughter, when they met a man of whom they had just been speaking, and who had meanly treated his own child. Leaving the ladies a moment he turned and struck the man a blow that felled him to the ground. Of course his family was surprised, and I could hardly credit the statement; and yet this placid, evenly-balanced man told me he once in college became so angry at a fellow-student that murder was in his heart and almost on his hands. That the horror he felt as he contemplated the fact afterward made him resolutely set about the control of this emotion, and such has been his success that if an example of perfect temper was sought for I venture to say he of all his neighbors would be chosen. It is generally conceded

by old soldiers that the best men in a charge were not the thoughtless ones, nor yet the bravadoes who never acknowledged fear, but the thoughtful, well-trained men, who felt the responsibility upon them. Such men rarely say they never felt fear.

There is a well authenticated anecdote of a renowned general who on reading the inscription of a tombstone, "here lies a man who never felt fear," remarked, "then he never snuffed a candle with his fingers."

General Grant in a recent magazine article speaks of a body of skulkers from the raw regiments he once saw at a battle, and says they undoubtedly afterwards made as brave soldiers as our army produced.

How many merchants and clerks can you recall who are naturally hot tempered and irascible, and who have so trained themselves to habits of self-control that the most impertinent buyer, the most patronizing and offensive customer, or the most insolent inspector of goods fails to develop the slightest outward manifestation of anger. How many times have you felt the tender passion rising within you, when your reason said it would be madness to allow it, and your will has been strong enough to stifle it. Sentimental people are always making excuses for those who fail to govern their emotions, and are constantly saying, "Poor fellow, he can not help it, he was born so." Do not believe this. The emotions are not beyond our control.

Failure, complete or in part, must suggest to us that our bodies are not right, that the brain is in some way being interfered with in its action. In this case, having set our livers in order and having coaxed the digestion back to duty, and having secured sleep and food, if we then fail to maintain our control after an honest effort, we may seriously apprehend the approach of disease.

One man may have a more excitable temper than

another, may be generally more emotional, but if he can not (mind I do not say will not) control himself—if he is at the mercy of his emotions—then he is either imbecile, delirious or crazy. He ought to be properly cared for, either as an imbecile who does not know enough, or as a sick man who can not exercise the powers God gave him.

Narcotics, which disturb the action of the brain, and stimulants which pervert its action are potent causes not only of bodily disease, but also through their direct effect on the brain, of abnormal sensations and feelings, and then of excited emotions.

A friend of mine, the embodiment of goodness, became a dyspeptic, and still he would dine out every Sunday afternoon at the house of a friend, the result being that every Monday he had to be avoided, for his temper bore an exact ratio to his digestion.

I am often besought to repair frail bodies with the remark, "I am getting so cross no one can live with me." All this goes to show that excited, uncontrolled emotions mean bad hygienic conditions, and it is our duty to look sharp that the body is in perfect health, and then to pay proper attention to the acquirement of a habit of control. Persons who are not trained to this habit in youth suffer incalculably because they when young are unstable, unmindful of others' feelings, and therefore troublesome and are avoided, while later in life, unless through the blessing of some bitter experience they are made to feel the necessity of training themselves, they fail to attain the places their other mental faculties entitle them to.

A curious law regarding the emotions is this: They have a regular period of rise, of climax and of subsidence. At the climax our volition and will seem to be in abeyance, hence our success in preventing this dis-

aster must largely depend upon our alertness in putting on the brakes early. We may justly be blamed if we fail to do this. As in law I may not be made to suffer loss because of another man's failure in duty, so in society I must not be made the loser because another man does not control his emotion of anger or desire for revenge so as to interfere with my happiness and peace of mind. I have no patience with sane and well people who constantly wound the feelings of others and shock the sensibilities by explosions of temper. Uncontrolled temper is certainly as bad for the community as is lying or petty theft, and is more detrimental to the mental organism of the individual.

Of this question of the emotions there is no difficulty in making a practical application to our needs as a civilized race in respect to our health.

I have emphasized the dependency of the mind upon a healthy brain—a generally sound body—but I am sure we may, with stronger emphasis, declare that the body has an equal dependency upon the mind.

Take the commonest examples of the result of mental energy upon physical power and endurance. The determination to succeed or the fear of punishment will compel the most ordinary body to feats of strength that no one supposed possible. The tender love of the mother stimulates her will to endure fatigue, loss of sleep and pain that would seem incredible.

Or take examples of the direct effect of the emotions upon bodily functions. How does a great mental shock or sudden fear blanch the face and cause the perspiration to ooze from every pore, and even cause the blood to recede from the brain till we faint into unconsciousness? How do the tears flow at a pathetic sight or tale, or how does mere nervousness affect the kidneys? How does worry or almost any mental emotion interfere with

the digestion, and if persisted in, induce the habit of dyspepsia? So, also, the thought of a good dinner makes the hungry boy's mouth water, and the thought of her lover sends a glow of warmth to the cheek of the maiden. It is not difficult to so concentrate your thoughts upon an object that you will be wholly unconscious of considerable muscular effort, as in table turning tricks and in planchette You may imagine you are about to suffer pain in a given member and think of it till pain actually comes. Very few medical students go through their course of study without experiencing the symptoms of the disease they read about. Every physician expects to examine the heart of his medical student and sometimes to find it irregular in its beat and actually giving symptoms of disease, because the attention has been so long fixed upon this organ. Expectant attention may so obliterate not only our special senses, but also our volition that we become automatic and subject to another's command, as is seen in mesmerism. Grief, anxiety, fear and even hate not only transform our countenances and change our demeanor, but also interfere with bodily function so as to prevent nutrition, and even induce disease.

Predominating intellectual work and continued nervous excitement so alter bodily conditions as even to change the type of a race and modify the diseases it is subject to. It has been observed by physicians for years past, that many new and some hitherto rare diseases of the nervous system have become very common, and that the type of many of the common disorders of the body has materially changed, so that diseases that were known by our forefathers and accurately described by them have a totally different aspect as to symptoms, cause and requirements in the matter of management.

The old saying "feed a cold and starve a fever," is a fair indication of the practice common in earlier times of treating people with fevers and inflammations, by a low diet and generally depleting management, a course which to-day would kill nine patients out of ten. We get but slightly better results in the treatment of the commoner affections of the body, such as fevers, inflammations and consumption than did our forefathers with all their crude ideas and with all their accumulated knowledge and scientific attainments. The reason for this is found in the changed conditions of the human body, brought about by an over-developed and preponderating nervous organization.

The many inventions which man has sought out, the ingenious and marvelous devices which almost annihilate space, tend to develop, not particularly his body which becomes ever less vigorous under artificial conditions, but the brain and the nerves are kept in such a state of tension that but slight bodily disturbances cause mental and nervous phenomena unheard of in olden times.

The railroad, the telegraph, the telephone, all tend to mental activity and bodily rest, and it is not strange that an overtaxed brain and a constantly excited nervous organization should make the body more vulnerable to disease. Take for example the merchant who at middle life, mainly by his own exertions, finds himself at the head of a large business which requires unremitting attention and great energy to keep it abreast with the demands of the times, and let him from exposure contract pneumonia, does any one suppose his chances are as good as those of the country grocer with the same disease? Does any one suppose his chances would be worth anything under the old system of bleeding and general depletion which our forefathers

practiced, and with fair success too, upon the same disease.

The cause of much of the formation, decay and nervous exhaustion is in the many inventions of man whereby he keeps his nervous system in a perpetual state of tension and is robbed of necessary repose. Nature seems to exact time for rest, and for repair of wasted energy after mental work, as well as after bodily labor. I do not refer to sleep alone, but to a change of occupation and interest which shall bring into play a new set of faculties.

The laborer rests while he reads or studies, the banker rests and keeps his mental powers at their best by devoting certain hours to literature or to science, while the preacher does more effective work if he mingles in the practical affairs of life with business men. The better class of public entertainments has its place not only as a matter of education, but as a means of breaking in upon minds that are kept in a single channel of thought until the brain is weary from over tension. Indeed, the whole subject of amusements comes in here for consideration, and I am confident if more attention could be paid to it, there would be far less of what is now known as the new disease, American nervousness.

It is a singular fact that country doctors, as a class, outlive every other class of men. And yet no life is so exciting, so full of peril, of anxiety and responsibility, and upon which the demands are so exacting, except, perhaps, that of the soldier in time of war. He meets single-handed and alone the enemy, he calculates his chances of success or failure with the feeling of responsibility which can only be felt where human life is at stake. He is daily confronted by emergencies which call for his best efforts, and for all his steadiness of nerve and coolness of judgment. He knows that

sometimes the disease is fatal, and that he will be blamed even though he has done his full duty, and that often his best achievements will not be appreciated.

What then is the explanation of his well known immunity from contagion and his long life? It is that he combines bodily exercise with mental work, that he is much in the open air, and that he finds relief and relaxation in considering the lesser and insignificant ailments, while carrying the responsibility of graver conditions, and that thus there is relaxation of the mental tension.

Many a useful life is hastened to premature ending by the constantly overstrained and exhausted condition of nerve force caused by continuous weeks of business with hasty meals, by telegrams and telephones that interrupt hours that ought to be set aside for repose, the needless noises of the city, and by nights of imperfect sleep, often disturbed by noisy brawlers and hideous sounds. How much resisting power can there be in men living under such conditions when an epidemic comes, and there are the germs of cholera or malaria in the air they breathe?

We know that perfectly healthy tissues and rich blood do not furnish the best conditions for the growth and reproduction of disease germs, even in life, if the germs lodge within the body. The blood being a vitalized fluid has the power of appropriating its own nutrition and of throwing off waste and deleterious matter. If, however, from any nerve innervation caused by fear, by anxiety, or by exhaustion, the secretions are perverted and unhealthy, and the membranes relaxed, then the lodgment of the germ of pestilence is followed by the rapid development of disease. A well poised nervous system is the best security against dyspepsia.

Abundant and healthy gastric juice is never secreted during great nervous strain or emotional excitement. Both Koch and Klein have lately shown that even the comma bacillus, the infectious element of cholera, can not live in perfectly healthy gastric juice. If this is true concerning the much dreaded germ of cholera, it is certainly true of less noxious germs. In a time of prevailing sickness of any kind, but especially in epidemics, dependent upon disease germs, the timid, the nervously exhausted and overtaxed fall first, while men with healthy digestions and stable nerves go about with comparative impunity. Despite all our recently acquired knowledge of spores in the air, fungi, bacilli and other microscopic organisms in the water we drink and the food we eat, it is still true that some of us continue to live, though we can not escape their contact, and the explanation is that we have the nervous energy to supply our tissues with the power of resistance.

Obviously then the preparation we should make to resist an epidemic such as cholera, is not only proper sanitary arrangements, but also, and I may say chiefly, that attention to mental hygiene, which alone can secure immunity. It is a significant fact that nearly all forms of mental disturbance and even mental trouble are accompanied by symptoms of dyspepsia, and the sufferers attribute their nervousness to bad digestion oftener than to all other causes. The truth is the indigestion is the result not the cause, and if these persons leave their cares, their anxieties and all the harassments of civilization and go into the woods and camp out, they will be able in less than a week to eat with zest and to digest without trouble almost anything at hand.

PYROMANIA (SO-CALLED),

WITH REPORT OF A CASE.

BY CHARLES W. PILGRIM, M. D.,
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Jessen,* in his exhaustive monograph on *Incendiarism in Mental Affections and Diseases*, gives an interesting historical account of the subject, occupying no fewer than fifty pages. From him we learn that among the first to allude to it was Ernst Platner, who wrote as early as 1797.

The next writer in Germany who treated the subject to any extent was Henke, who wrote in 1802, and also published some interesting illustrative cases in *Kopp's Journal* for 1817. We next find that in 1820, Meckel in his "Contributions to Judicial Psychology," mentions some illustrative cases. He was followed by Masius in 1821, Vogel in 1824, Flemming in *Horn's Archives* for 1830, and Meyn in *Henke's Journal of Legal Medicine* in 1831. Indeed the amount written upon this subject in Germany alone is perfectly surprising.

In France the subject was glanced at in 1826 by Esquirol and Georget under the title of "*Monomanie Instinctive*,"† but it was left to Marc‡ to make a complete investigation of both German and French theories, which he did in 1833, and it is to him that we owe the term pyromania. As an acknowledgment of his work, it is still sometimes spoken of as the "Pyromania of Marc."

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*Die Brandstiftungen in Affecten und Geisteskrankheiten. Von Dr. Willers-Jessen: Kiel, 1860.

† Discussions Médico-Legalo sur la Folie ou Aliénation Mentale: Paris, 1826.

‡ Annales l'Hygiène Publique: Paris, 1883.

Henke, who wrote quite extensively upon the subject, formulated numerous proofs of its existence as a distinct monomania, which it may be of interest to note:

1. To prove the existence of pyromania, produced by the sexual evolution, the age should correspond with that of puberty, which is between twelve and fifteen. Sometimes, however, it may occur especially in females, as early as the seventh or the tenth year, and, therefore, if the symptoms are well marked, we have a right to attribute them to this cause.

2. There should be present symptoms of irregular development; of marked critical movements, by means of which nature seeks to complete the evolution. These general signs are either a rapid increase of stature, or a less growth and sexual development than is common for the age of the individual; an unusual lassitude and sense of weight and pain in the limbs, glandular swellings, cutaneous eruptions, etc.

3. If within a short time of the incendiary act, there are symptoms of development in the sexual organs, such as efforts of menstruation in girls, they deserve the greatest attention. They will strongly confirm the conclusions that might be drawn from other symptoms, that the work of evolution disturbed the functions of the brain. Any irregularity whatever of the menstrual discharge is a fact of the greatest importance in determining the mental condition of incendiary girls.

4. Symptoms of disturbance in the circulating system, such as the irregularity of the pulse, determination of blood to the head, pains in the head, vertigo, stupor, a sense of oppression and distress in the chest, are indicative in young subjects of an arrest or disturbance of the development of the sexual functions, and therefore require attention.

5. For the same reason symptoms of disturbance in the nervous system, such as trembling, involuntary motion of the muscles, spasms and convulsions of every kind, even to epilepsy, are no less worthy of attention.

6. Even in the absence of all other symptoms, derangement of the intellectual or moral powers would be strong proof, in these cases, of the existence of pyromania. Of the two the latter is far the more common, and is indicated by a change in the normal character. The patient is sometimes irascible, quarrelsome, at others sad, silent, and weeping, without the slightest motive.

He seems to be buried in a profound revery, and suddenly starts up in a fright, cries out in his sleep, etc. These symptoms may have disappeared and reappeared, or degenerated at last into intellectual mania.

7. The absence of positive symptoms of mental disorder, as well as the presence of those which appear to show that the reason is sound is not incompatible with the loss of moral liberty.

Such were the doctrines of Henke, and they were adopted and extended by Marc and recommended by Ray* who was also a firm believer in its independent existence. In support of his theory he quotes the following passage from Marc, which forcibly shows the extent to which this doctrine was advocated by its supporters:

Even when, previously to the incendiary act, they have shown no evident trace of mental alienation, and been capable of attending to their customary duties; when on their examination they have answered pertinently to questions addressed to them; when they have avowed that they were influenced by a desire of revenge; we can not conclude with certainty that they were in the possession of all their moral liberty, and that, consequently, they should incur the full penalty of the crime. These unfortunates may be governed by a single fixed idea, not discovered till after the execution of the criminal act. Pyromania, resulting from a pathological cause, may increase in severity as the cause itself is aggravated, and suddenly be converted into an irresistible propensity, immediately followed by its gratification.†

Gall,‡ Friedreich,‖ Fodéré,§ Prichard¶ and Morel** advanced similar views, and to the former we owe the reports of many cases which have been made to do duty by later writers. The most noted one is that of

* The Medical Jurisprudence of Insanity, § 152.
† Ibid.
‡ Sur les Fonctions du Cervean, iii, 317–319.
‖ Handbuch der gericht. Psychologie, 393–435.
§ Essai Médico-Légal.
¶ On Diseases of the Nervous System.
** Traité des Maladies Mentales, p. 408.

Maria Franc, who was executed for house-burning, and whose history was first published in a German journal.

She was a peasant of little education, and, in consequence of an unhappy marriage, had abandoned herself to habits of intemperate drinking. In this state a fire occurred in which she had no share. From the moment she witnessed the fearful sight, she felt a desire to fire houses, which, whenever she had drunk a few coppers' worth of spirits, was converted into an irresistible impulse. She could give no other reason, nor show any other motive for firing so many houses than this impulse which drove her to it. Notwithstanding the fear, the terror, and repentance she felt in every instance, she went and did it afresh. In other respects her mind was sound. Within five years she fired twelve houses, and was arrested on the thirteenth attempt.

This case was long considered a typical one of pyromania, but, as is said by Wharton and Stillé, "a close examination of the case of Maria Franc exhibits, as subsequent observers agree, mental disturbance, which, when she was inflamed by the 'few coppers' worth of spirits,' readily took the incendiary type."*

Gradually the theory of its independent existence began to be questioned. It is true that neither Flemming nor Meyn inclined to this doctrine, but when Marc followed with his masterly review, claiming that it was a monomania pure and simple, the ideas of others were discarded and his alone accepted. This doctrine prevailed up to 1844, when Richter, in his "Table of Juvenile Fire-raisers,"† disputed it, and called attention to the abusive extension in this connection of the period of puberty, which by some was considered to range from the age of eight to twenty-two.

In 1846 he was followed by Casper,‡ who, under the title of "On the Hobgoblin called the Morbid Impulse to Fire-raising," related thirteen cases of so-called pyro-

* Medical Jurisprudence, p. 583.

† *Ueber jugendliche Brandstifter.*

‡ Casper's Denkwürdigkeiten zur medicinischen Statistik und Staatsarzneikunde: Berlin, 1846, S. 257–392.

He seems to be buried in a profound revery, and suddenly starts up in a fright, cries out in his sleep, etc. These symptoms may have disappeared and reappeared, or degenerated at last into intellectual mania.

7. The absence of positive symptoms of mental disorder, as well as the presence of those which appear to show that the reason is sound is not incompatible with the loss of moral liberty.

Such were the doctrines of Henke, and they were adopted and extended by Marc and recommended by Ray* who was also a firm believer in its independent existence. In support of his theory he quotes the following passage from Marc, which forcibly shows the extent to which this doctrine was advocated by its supporters:

Even when, previously to the incendiary act, they have shown no evident trace of mental alienation, and been capable of attending to their customary duties; when on their examination they have answered pertinently to questions addressed to them; when they have avowed that they were influenced by a desire of revenge; we can not conclude with certainty that they were in the possession of all their moral liberty, and that, consequently, they should incur the full penalty of the crime. These unfortunates may be governed by a single fixed idea, not discovered till after the execution of the criminal act. Pyromania, resulting from a pathological cause, may increase in severity as the cause itself is aggravated, and suddenly be converted into an irresistible propensity, immediately followed by its gratification.†

Gall,‡ Friedreich,‖ Fodéré,§ Prichard¶ and Morel** advanced similar views, and to the former we owe the reports of many cases which have been made to do duty by later writers. The most noted one is that of

* The Medical Jurisprudence of Insanity, § 152.
† Ibid.
‡ Sur les Fonctions du Cervean, iii, 317–319.
‖ Handbuch der gericht. Psychologie, 393–435.
§ Essai Médico-Légal.
¶ On Diseases of the Nervous System.
** Traité des Maladies Mentales, p. 408.

Maria Franc, who was executed for house-burning, and whose history was first published in a German journal.

She was a peasant of little education, and, in consequence of an unhappy marriage, had abandoned herself to habits of intemperate drinking. In this state a fire occurred in which she had no share. From the moment she witnessed the fearful sight, she felt a desire to fire houses, which, whenever she had drunk a few coppers' worth of spirits, was converted into an irresistible impulse. She could give no other reason, nor show any other motive for firing so many houses than this impulse which drove her to it. Notwithstanding the fear, the terror, and repentance she felt in every instance, she went and did it afresh. In other respects her mind was sound. Within five years she fired twelve houses, and was arrested on the thirteenth attempt.

This case was long considered a typical one of pyromania, but, as is said by Wharton and Stillé, "a close examination of the case of Maria Franc exhibits, as subsequent observers agree, mental disturbance, which, when she was inflamed by the 'few coppers' worth of spirits,' readily took the incendiary type."*

Gradually the theory of its independent existence began to be questioned. It is true that neither Flemming nor Meyn inclined to this doctrine, but when Marc followed with his masterly review, claiming that it was a monomania pure and simple, the ideas of others were discarded and his alone accepted. This doctrine prevailed up to 1844, when Richter, in his "Table of Juvenile Fire-raisers,"† disputed it, and called attention to the abusive extension in this connection of the period of puberty, which by some was considered to range from the age of eight to twenty-two.

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* Medical Jurisprudence, p. 583.

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‡ Casper's Denkwürdigkeiten zur medicinischen Statistik und Staatsarzneikunde: Berlin, 1846, S. 257–392.

mania, and did much to overthrow the doctrine of Marc. From the facts and criminal statistics there presented, he arrived at the conclusion that "there has seldom been any doctrine in psychology which has taken less from nature, or from life, or which has been more purely evolved at the desk from superficially examined and irrelevant facts, and which has thus become a tradition, than the notorious doctrine of the morbid propensity to fire-raising."

Jessen, to whose extensive *résumé* of this subject reference has already been made, carefully distinguishes between the cases in which there was a motive, more or less marked, and those which arose from a recognized insane condition. Although admitting its existence as a *reasoning mania*, he demurs to its occurrence in an *instinctive* form, which theory is strongly contended for by Dr. Morel in his systematic treatise on Mental Diseases,* published in the same year.

Griesinger adopts the views of Casper, and in his characteristic and forcible language says:

> Away, then, with the term Pyromania, and let there be a careful investigation in every case into the individual psychological peculiarities which lie at the bottom and give rise to this impulse. The grand question *in foro*, in all such cases, must ever be to ascertain whether there existed a state of disease which limited, or could have limited, the liberty of the individual. Sometimes, the symptoms of undoubted mental disease can be clearly distinguished—a dominant feeling of anxiety, hallucinations, states of hysterical exaltation; in other cases, the actual existence of a nervous disease (epilepsy or chorea) renders probable the assumption that the accused has been subject to some passing mental aberration. We should not forget that usually very little is wanted to interfere with the liberty of action in such persons; they are, for the most part, young, childish or half childish, often morally and intellectually weak, silly, and capricious individuals. The incendiary act often appears to be utterly without any

* Traité des Maladies Mentales, p. 408.

motive—the feeble *ego* having opposed no resistance to the thought of the deed which suddenly sprang up.

Of course there are also cases where the insane set fire to buildings under the impulse of motives very different. Jonathan Martin, who burned the Cathedral of York, was not a melancholic, but was evidently laboring under chronic partial dementia, and it was in consequence of his hallucinations that he sought "to purge the house of the Lord of the unworthy priests" who dwelt in it. To include this case under the title of "Pyromania," (e. g., Pinel, "Path. Cérébr.," p. 328,) is the necessary, but evil, result of a superficial classification.*

In this connection it is well to remember that the insane often display a fondness for playing with fire just as they manifest other mischievous or destructive tendencies. It is also not an uncommon thing for an inmate of an asylum to make repeated attempts to burn the building in the hope that his escape may be made during the excitement. A patient of this kind recently set fire to one of the buildings of the New York City Lunatic Asylum on Ward's Island, and there are few asylum officers who can not recall similar experiences in their own institutions. Such cases have done much towards swelling the list of the cases of so-called pyromania, as will be seen by a reference to the writings of Friedreich, Marc and others, on this subject.

Krafft-Ebing, whose authority in matters of this kind is unquestioned, says: "Incendiarism, through psychical disease is always a symptom of such disease, though variously induced. With persons suffering from nostalgia and melancholia, it is prompted by terror and sensual delusions; with maniacs, by insane conceptions; with idiots, by childish pleasure in fire, or diseased passion (revenge). With youthful culprits the crime is more frequent, because it requires no courage, and is easily committed."

* Griesinger on Mental Diseases, New Sydenham ed., p. 270.

In this same connection he also says: "The doctrine of monomania is to-day rightly abandoned. It is based on the erroneous assumption that the psychical faculties are separate from each other, and capable of isolated action."*

Still later, in January, 1871, Dr. Flechner, who for thirteen years had been a judicial physician, stated before the Vienna Society for Psychiatry† that he had never seen a case which seemed to justify the recognition of a form of insanity that could be consistently characterized as pyromania, and that from a study of the cases which had come under his notice, and from an unbiased reading of the believers in pyromania he could endorse the opinion of Ideler, who considered it "an abstraction, of which the judicial physician has no need."

In the preceding pages an attempt has been made to trace the views of the best authorities on this subject, not by mentioning all who have written upon it, but by quoting from representative writers in sufficient length to show how firmly the doctrine that pyromania was a specific form of insane irresponsibility was once believed in, the gradual change of opinion, and its final abandonment.

Bucknill and Tuke‡ adopt the following classification:

1. Cases with no marked disorder of the intellect, with or without premeditation and design, and

2. Cases with marked disorder of the intellect, in which there is either a deficiency of development, such as idiocy, or imbecility, or in which there are delusions, hallucinations, etc., constituting the motive.

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* Krafft-Ebing on Wahnsinn in Holtzendorff's Encyclopedia, (1871.)

† 5 Journ. Psyc. Med., 605.

‡ Psychological Medicine, p. 286.

The case reported below would appear to be an almost typical example of the first division, and is presented as a contribution to the literature of this interesting subject:

The patient, W. E. H., male, aged 16, was admitted into the New York State Lunatic Asylum, September 3, 1884, with the following history: The patient's mother was a nervous, garrulous and rather feeble-minded woman. His father was this woman's second husband, and is said to have been a man of good character and habits. Owing to family disagreements they separated when the patient was two years of age and nothing afterward was heard of him. The mother of the patient again married about two years before the latter's admission.

The boy was always of fair health, had never had convulsions of any kind, was fond of light reading and music, and was of kind, though mischievous disposition. His life up to the age of fifteen was uneventful and monotonous, and much like that of other country boys. When questioned upon the subject, he said that he had only seen one large conflagration, which was the burning of a barn, and that he had never manifested any fondness for playing with fire.

In September, 1883, the roof of his grandfather's house caught fire from the chimney. It was easily extinguished, but, he said, he immediately conceived the idea of setting it on fire again, and shortly afterwards, when unobserved, did so. He insisted that it was a sudden impulse, and that he had no reason, save that of excitement, for doing it, as his grandfather, with whom he lived, had always been very kind to him. The damage was slight. Within the next eight weeks he repeated this action on no less than seven different occasions. Each time he started the fire in the very same place, and just as soon as the flames got

under way, he would give the alarm and work as hard as any one to subdue them. He said that after each attempt he would be filled with remorse and would work and earn money enough to buy shingles to replace the ones he had destroyed. His mother and grandfather, after the third or fourth repetition learned the cause of the frequent fires, but they carefully guarded their knowledge, fearing that a disclosure of it would result in his legal punishment.

In March, following, he was sent to Michigan to live with some relatives, but they were not informed of his dangerous tendencies. A couple of weeks after his arrival he set fire to an old log house, and sometime afterward to a barn. He said that he was not suspected at first, but that his conscience troubled him and he asked so many questions in order to see if they really had any idea that he was the culprit, that they finally suspected him and induced him to confess. He was then arrested at the instigation of the insurance company in which the owner of the property was insured. Two physicians examined him, and when they learned his record they certified to his insanity, and he was sent back to his old home in New York State. The neighbors there became afraid of him, and made complaint to the authorities, which resulted in an order for his removal to the asylum.

His mother said that up to the age of thirteen he was a somnambulist, getting up and wandering around the room, while asleep, about once a month. The boy himself admitted having practiced masturbation from the age of twelve up to fifteen, at which time he averred he conquered the habit.

The patient remained in the asylum under careful observation for nearly four months, and during that time manifested absolutely no symptom of insanity.

He was particularly anxious to please everyone and to gain the good opinion of the medical officers, and was in every respect an exemplary patient. It is true that he appeared to be of rather unstable nervous organization and weak will, being easily influenced either for good or evil, but it can not be doubted, that he was entirely sane, and perfectly responsible for his acts. He had always been mischievous and fond of excitement, and on no other grounds, inadequate though they may seem, can his actions be explained.

Such cases are by no means rare, and undoubtedly, as Casper* suggests, the application of the penal law was often misdirected when the belief was general in a specific morbid propensity to burn.

Up to 1851, there was a law in Austria by which all youthful incendiaries were handed over to the doctors for examination, but upon the representation of the physcians themselves that the theory that it arose from an irresistible impulse and a peculiar organization was exploded, the law was repealed, and the experience of more than quarter of a century since has not demonstrated that the repeal of this law was either premature or unwise.

We must, therefore, conclude that there is no such psychological entity as pyromania, and that an incendiary act is either the crime of arson or the symptom of a diseased or ill-developed brain. Indeed, so concurrent is the testimony of all recent authorities in this respect, that one wonders that the contrary view could ever have been held as an established doctrine by the leading alienists of less than fifty years ago.

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* Forensic Medicine, New Syd. ed., vol. iv., p. 311

ABSTRACTS AND EXTRACTS.

Syphilis of the Nervous System.—Dr. S. G. Webber read an abstract of a paper on this subject before the Boston Society for Medical Improvement, March 10, 1885. The paper will be published in full in the Boston City Hospital Report. From a report of the meeting of this Society, published in the *Boston Medical and Surgical Journal*, March 19, 1885, we learn that Dr. Webber reaches the following conclusions: There is no pathognomonic symptom of syphilis of the nervous system; the diagnosis must be made by grouping the manifestations and viewing them and their history as a whole. Among the more frequent peculiarities is irregularity of the phenomena and their ephemeral nature, disappearing to come again.

Headache is the most common and the earliest symptom of syphilis of the central nervous system, and gives timely warning that the subsequent dangers may be avoided. Its characteristics are severity, with remissions or intermissions. The pain is persistent, or returns again and again. It is often, but by no means always, most severe in the latter part of the day or night. It may be limited or general, unilateral or bilateral. Nausea and dizziness are generally absent.

The ocular nerves are more frequently paralyzed than the other cranial nerves, and in general, paralysis is preceded by headache or trifacial neuralgia. Hemiplegia is less likely to be sudden than to occur gradually, to be intermittent, to be preceded by headache, and to be accompanied by numbness of the same parts.

Syphilis of the spinal cord is less common than cerebral syphilis. Its prognosis is much less favorable, and it also has no pathognomonic symptom. Perhaps many of the cases of locomotor ataxia reported cured, were really cases of syphilitic myelitis. Syphilitic neuritis of peripheral nerves is not common, and is not easily recognized as such. The time at which nervous system appear after the primary sore varies from two and a half months to twenty-five years; the majority coming within three years.

In regard to prognosis, Dr. Webber hesitated to say much. If headache exists alone, or if the symptoms are variable and intermittent, the prospect is fair. If there be organic change recovery is doubtful, although the disease may be arrested. Treatment must be kept up, at least intermittently, in some cases

for years, even after the symptoms have disappeared. Slight cases may be treated with fifteen to twenty grains of iodide of potassium thrice daily, continued many weeks after apparent recovery. In serious cases temporizing is dangerous, and iodide of potassium and mercury should be given in sufficient doses. Of the iodide, from seventy to two hundred and twenty-five grains were given in the cases reported by Dr. Webber. Larger doses have been given by him, but without benefit and without harm. In some cases which have come under Dr. Webber's care small doses were badly borne, but on increasing the dose the unpleasant symptoms disappeared.

THE AGE OF MELANCHOLY.—The prevalence of melancholia, mild or intense, amongst the cultivated classes, and especially amongst educated and reflective men in these days, would, there are good grounds for believing, seem portentous, could it only be faithfully set forth. Could the secrets of some case books be revealed, it would be found that men in high places, professional men in active employment, business men in prosperous circumstances, literary men, who are delighting the world with their wit and genius, artists who are illuminating life with glowing colours, students who are gaining prizes and distinctions, tradesmen who have climbed to success on the ruin heaps of competition, and idlers who have only to amuse themselves, are all visited by melancholy, revealed only to their doctors and sometimes to their domestic circle, which darkens existence as with terrible storm clouds now and then, or robs it persistently of brightness, reducing it to a monotonous leaden gloom. Behind many a "shining morning face" there is deep, dull wretchedness; under many a stolid exterior there is racking, mental misery. A curious yet familiar sight it is to see the mask suddenly cast aside in the consulting room, and the face that but a minute ago was cheerful or serene, gather into an expression of suffering or despair, as the skeleton in the cupboard is disclosed. We are all meeting in daily life victims of morbid melancholy, whom we should as soon suspect of being afflicted with small-pox or jaundice, but who are even in our presence struggling beneath a load of it, and who, when we leave them, sink nigh exhausted by the efforts required for its concealment. Could we in invisible companionship follow home that friend who has delighted us at the dinner table by his brilliant conversation, we should perhaps see him throw himself in

his chair, in his dark study, and sit for hours, absorbed in vague dismal thought. Could we thus pursue the judge who has won our admiration in Court by the logical precision and ethical propriety with which he has distinguished the offences of the criminals brought before him, we should perhaps find him pacing the floor of his bedroom and wringing his hands under the horrible, if fictitious, conviction that he is himself more guilty and steeped in sin than the wretches he has sent to penal servitude. Could we keep watch over that popular preacher, who has stirred us by his fervid words, and strengthened the foundations of our faith by his confident dogmatism, we should observe him perhaps tossing sleepless and distressed throughout the livelong night, haunted by doubts and perplexities, and by the incessant whisperings of a voice which asks—

> Were it not better not to be,
> Than live so full of misery?

Could we in disembodiment remain a little with that good physician who has just given us such sound advice, and urged us to fight against the despondency for which we have consulted him, we should perceive him, perhaps, as soon as he has dismissed his patients, hurry off to the house of a brother practitioner and pour forth in his ear, with tremulous anxiety, a description of the hopeless disease from which he conceives himself to be suffering, and which exist only in his hypochondriac fancy.

Women, less speculative than men, less egoistic and analytic, and more sympathetic and effusive, although specially liable to certain forms of melancholia of a marked type connected with functional conditions, are certainly less frequently affected than men with that special kind of melancholy which grows out of psychical experiences, which Aristotle pronounced the special appanage of genius, and which men of genius with as little in common as John Stuart Mill, Robert Burns, Thomas Carlyle and James Watt have all suffered from. But of course they are not altogether exempt from thought-bred melancholy, and some will say that it is becoming daily more common to meet women who have missed their way in life, and become, instead of busy, happy wives and mothers, solitary and discontented blue-stockings, affected with life-loathing or melancholia, short of actual insanity in some of its allotropic forms, those forms which are as varied as the flights of imagination and the pathways of reflection.

Statisticians tell us that suicides are rapidly increasing in fre-

quency over the whole of western Europe, and from this fact alone we might infer that melancholy is strengthening her hold on the age in which we live, if indeed she has not "marked it for her own." Behind every suicide there are perhaps a thousand melancholics. Each suicide is but the apex of a huge pyramid of mental despondency. And yet it would be a mistake to suppose that suicide is invariably an expression of melancholy of the most intense description. They who resort to self-destruction are not always those who have suffered most. They are those rather who are at one and the same time sensitive and impatient, and are feeble in forethought and self-control. The man of intellect and force of character goes on bravely battling with his spiritual enemies, while facile and feeble-minded men succumb to them at once. Coroners' juries are often puzzled by the utter inadequacy of the alleged causes on any rational hypothesis, to account for a suicidal act, and by the absence of evidence of any decided depression immediately preceding it. A man some time ago committed suicide because he had lost his umbrella; and only last week a promising youth, on the vestibule of life and an honorable profession, and with friends ready to help him, blew out his brains for no better reason than that he had run up a long bill at a hostelry, and got into debt to the amount of about a hundred pounds. On the other hand, medical experience will attest that men of great power of endurance and strong will have gone on for years fighting with the most excruciating mental anguish, and have either subdued it at last or contended with it to the bitter end. Good and able men have been driven to seek refuge in suicide from intolerable phrenalgia, but as a rule, perhaps, those who take away their own lives are not of the most robust mental constitution.

Any attempt to trace out the causes of the growing melancholy of the age in which we live, and to indicate its pathological relations, must be reserved for another occasion. Our present purpose has been merely to call attention to the fact that the shadow is deepening and lengthening. That this is so, few who look around with discerning eyes can doubt. The spirit of melancholy is abroad. L'Allegro is being driven from our shores, and Il Penseroso is in the ascendant. Anxious forebodings wrinkle many brows. We have lugubrious art. The beauty of our women is pathetic. Our wit is cynical, and even our humour has in it a tinge of sadness.—*Medical Times*, January 10, 1885.

his chair, in his dark study, and sit for hours, absorbed in vague dismal thought. Could we thus pursue the judge who has won our admiration in Court by the logical precision and ethical propriety with which he has distinguished the offences of the criminals brought before him, we should perhaps find him pacing the floor of his bedroom and wringing his hands under the horrible, if fictitious, conviction that he is himself more guilty and steeped in sin than the wretches he has sent to penal servitude. Could we keep watch over that popular preacher, who has stirred us by his fervid words, and strengthened the foundations of our faith by his confident dogmatism, we should observe him perhaps tossing sleepless and distressed throughout the livelong night, haunted by doubts and perplexities, and by the incessant whisperings of a voice which asks—

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DR. FOVILLE ON SCOTCH ASYLUMS.—Dr. Achille Foville, Inspector-General of the Administrative Service to the Minister of the Interior, has recently published an exhaustive and exceedingly interesting Report on English and Scotch Asylums, in which he embodies the result of labors performed during the years 1881 and 1883, in behalf of the French Government. We present the following translation of his remarks on Scotch Asylums:

"One of the most characteristic features of the Scotch lunacy system is, on the one hand, the very small number of private asylums and of patients placed in these latter, and, on the other hand, by a natural reciprocity, the large proportion of non-indigent insane, of those whom we call in France *pensionnaires*, who are placed in public establishments and almost exclusively in Royal Asylums. With regard to the indigent insane, there is not one whose treatment is confided to private enterprise, all being placed in public establishments.

These considerations, according to alienists well qualified to give an opinion, constitute a superiority of importance in favor of Scotland. It is a point on which Dr. Lockhart Robertson laid particular stress in his presidential address before the Section of Mental Diseases at the London Medical Congress, and I now give the table that he presented to show in relief the comparative practice of the two countries.

WHERE CONFINED.	ENGLAND.		SCOTLAND.	
	Private.	Pauper.	Private.	Pauper.
In Public Asylums,	49 per cent.	63 per cent.	84 per cent.	73.7 per cent.
In Private Asylums,	43 " "	1.6 " "	9.5 " "	.....
In Workhouses	.....	26 " "	.....	8.5 " "
In Private Houses,	8 " "	9.4 " "	6.5 " "	17.8 " "
Total,	100 " "	100 " "	100 " "	100 " "

"This table," he adds, "shows in a striking manner the difference which exists in the method of placing and treating patients in the two countries. In England, 43 per cent of private patients are confined in private asylums, while in Scotland the proportion is only 9.5 per cent. On the other hand, the public asylums of Scotland receive 84 per cent of private patients, while those of England receive but 49 per cent."

Further on he remarks that this proportion of 49 per cent of private patients confined in the public asylums of England is distributed in the following manner:

Registered Hospitals,.....	36 per cent.
County Asylums,.....	6 "
State Asylums,..... ..	7 "
	49 "

It is then the registered hospitals that receive by far the largest number, and it is precisely these hospitals of England that most resemble the royal or chartered asylums of Scotland. He therefore recommends emphatically the progressive development of registered hospitals. What has been done in Scotland, he says, can likewise be done in England, and one could obtain, at half the price, a result as satisfactory in all respects, as in the best private asylums.

It is certain that the facts observed in Scotland are strongly in favor of the treatment of the insane of the middle class in quarters forming part of royal asylums. The Commissioners suggest that the local administrations do not occupy so much room in these establishments, for the treatment of their paupers, in order that more may remain for private patients. There appears in their annual report an important memoir in which Dr. Arthur Mitchell, one of the Commissioners, undertakes to show that the large asylum at Morningside, near Edinburgh, contains too many paupers. He insists that the charitable authorities of Midlothian, that is, the largest portion of the city of Edinburgh, instead of occupying a portion of this institution, decide upon the construction of a special asylum devoted to the pauper insane in their care.

New Scotch System.—Open-door Asylums. The objective point of the main improvement, realized for almost a century in the collective treatment of the insane, is to better the condition of the patient by removing everything that recalls a prison and suggests the idea of sequestration. To this end Pinel, Esquirol, Ferrus and their disciples in France, and Conolly and his adherents in England, have particularly applied themselves.

But the spirit of humanity is not wont to halt in the path of progress. To-day the endeavor is made to go beyond the doctrines of Conolly, and it is especially in Scotland that this tendency has for some years past prevailed. The new reformers wish to go further in suppressing every apparent method of confinement both as regards the exterior and interior of their asylums.

It is not probable that they had the idea at the outset of creating a new system, breaking with all the customs of the past. It was after different partial innovations, attempted in various directions,

but inspired by common views of treatment, that they finished by constituting a complete theory of reform in the management of asylums. This theory received official consecration in the Report of the Commissioners for the year 1881.

The Commissioners, in stating the improvements introduced during a certain term of years in Scotland, in the treatment of the insane, take pains to make it understood that they do not refer to medical treatment properly so-called, which with every physician is a matter of entire independence and individual conscience. What they desire is to secure a better understanding and appreciation of the general rules of the internal discipline to which the population of the asylums is actually subjected. These improvements are comprised under three principal heads.

1. Greater freedom allowed to the patients in the asylum.
2. Increased effort in procuring for them all useful means of occupation.
3. Various improvements as regard the construction and internal comfort of asylums.

As regards the application of the patients to industrial or agricultural labor, as varied as may be, the greater number of the large French asylums have no occasion for envy. It is Dr. Ferrus to whom belongs the merit of having in this connection established principles which underwent a more rapid and complete development in France than in any other country. With regard to comfort and furniture, this is especially a question of money, and in this respect French hospitals are very modest when compared with those abroad.

The principle which has served for starting-point is common to all schools, namely, that no restriction should be placed on the liberty of the patient, unless it be shown that it is absolutely necessary either for his own well-being or for the safety of others. But what distinguishes the Scotch system is that the limits of these restrictions may be singularly extended by (1) the abolition of walls surrounding the grounds; by (2) doing away with locked doors in the interior of asylums; and by (3) the extension of furloughs on parole. Leaving aside this last point as not belonging to the internal service of asylums, it must be acknowledged that the asylum where the first two conditions are realized, loses more and more the aspect of a place of confinement, to approach that of large private demesnes. In these latter, in fact, the land is not parcelled out into little enclosures surrounded by walls; one does not encounter locked doors in passing from room to room; in short, one can go out at will.

And all that has been realized in a certain number of Scotch Asylums. The District Asylum of Haddington, opened in 1866, is the first around whose grounds there has never been an enclosing wall. Moreover, in this asylum the patients of both sexes take their meals in common in a vast hall, but while elsewhere the sexes are separated, here a man and woman sit alternately, side by side, at each table, in order to preserve, among the patients, the habits of courtesy which ought to be the rule in the social relations in the outside world.

The example thus given in the matter of walls has been followed: to-day the closed courts have disappeared, or are disappearing from the greater number of Scotch asylums. It may be objected, it is true, that these courts had the advantage of dividing up the population in such way as to reduce the contact between patients and facilitate their surveillance. Besides, they furnished isolated places where disturbed patients might get rid of the morbid energy of their maniacal excitement in the open air and without inconvenience. To this Scotch physicians make answer that it is decidedly more advantageous to have these patients spend their energies in entire liberty, in the whole extent of the vast domain surrounding the asylums, provided they be always accompanied by a special attendant, and, if need be, by several. And this is, in fact, what occurs, and the advocates of the system claim that, thanks to this freedom of expansion, excitement disappears much more rapidly. The Scotch asylum, constructed in accordance with the new theory, is situated in the midst of a rural domain whose lawns and gardens surround the buildings on all sides, without there being in the immediate vicinity of these latter any walled enclosure or restricted court set apart for the use of particular classes of patients. Everything is open as if around a private mansion, and everywhere there is free circulation. Numerous doors permit entrance from all sides into the day-rooms, which are all situated on the ground floor. To gain admission it is only necessary to turn an ordinary handle, and once inside, one may move about freely and everywhere without the hindrance, at least during the day, of a single lock. It must not be supposed, however, that patients are free to thus perambulate, and that they are left to themselves without order and without discipline. Far from it. Nowhere does order appear more real; only the ostensible material obstacles are replaced by precision in the employment of time and in the constant round of occupation, by the acquired regularity of habits, and especially

by the incessant vigilance of the attendants, whose duty it is to direct the patients in all the details of their daily existence. It is precisely this latter point which, according to the authors of the new theory, constitutes its principal character.

It thus behooves every attendant to thoroughly study the patients committed to his care, since he has neither wall nor lock to aid him in his surveillance; his attention is always on the alert; he must do his utmost to treat them kindly and to gain their confidence, seeing that it is only by persuasion and good will that he can maintain them in quietude and in the observance of rules prescribed for the good order of the house. And it is affirmed, however improbable it may appear, that this result may be obtained with inconsiderable effort, and that every asylum physician who has put the new method to the test is satisfied, and does not hesitate to make its use general.

The author of this present report had occasion to see the Scotch system applied at the Morningside Asylum, near Edinburgh, at Melrose, at Gartnavel and at Glasgow. He visited in detail, or at two different occasions, the great Woodilee Asylum at Lenzie, near Glasgow. This last establishment, in all respects one of the finest to be seen, was built a few years ago, for 500 patients, in view of the complete application of the new system, of which it is to the present day the most perfect specimen. It belongs to the parish of Barony, which is very rich and does not shrink from any expense to attain the desired end. Dr. Rutherford, the first superintendent of this institution, and Dr. Blair, his successor, are declared advocates of the open-door system. The administration which is responsible for this costly creation congratulates itself on having adopted this method, and far from being tempted to renounce it, is anxious on the contrary to give it the greatest possible development. But this asylum, no more than any other, is not proof against serious accidents. In May, 1883, a female patient, who had passed out by an open door, was crushed, at a short distance from the asylum, by a railway train. It was not known whether or not she had committed suicide.

The Journal of Mental Science (October, 1883), in reporting this fact, adds that in the course of the trial which took place after this accident, the public prosecutor made it known to the authorities of the asylum that, if such an accident should occur again, it would be his duty to institute an inquiry on this point to ascertain if they did not render themselves guilty of negligence in the care of their patients. In any case it would be of the

highest importance to ascertain whether, as has been said, the number of suicides in Scotch asylums has increased of late years. It must be acknowledged, without prejudging the future, that at all events, English alienists seem for the moment little disposed to concede the practical merit of the ideas of their Scotch confrères, and they reject almost unanimously the new system. It is not without interest for foreigners to take note of the arguments employed in this discussion among compatriots. Among the objections formulated in England, they say, among other things, that to replace the walls and locks by attendants who obstruct passage, is to substitute for a material and inert obstacle, a resistance which from being passive may become active, so that the patients gain nothing—on the contrary. It is added that Scotch lunatics are of a calm and apathetic nature, in consequence of which they submit to rules which the more petulant patients of England, with a more pronounced individuality, would be far from enduring with the same resignation. They also reproach the system with being more costly than others.

Is it not very remarkable that these objections made by English physicians to the Scotch system are precisely the same as those addressed to the English method of non-restraint by the alienists of the Continent who have not entirely adopted Conolly's doctrine? Is it surprising, if Scotch physicians, partisans of the open-door system, show themselves little disposed to concede the validity of objections raised by their English colleagues,—is it surprising that these latter show little eagerness to allow themselves to be convinced by the adversaries of absolute non-restraint? But facts are of more importance in such case than arguments. Experience with the new Scotch system is doubtless not yet sufficiently complete, nor of sufficient duration, to permit a precise appreciation of its merits. We must wait until the work shall have ripened before we can judge of its fruit. Yet it seems justifiable to anticipate that its application will remain limited, and that the system in its entirety will be difficult of general adoption. At the same time it is probable that, in one way or another, it will lead to partial or modified imitations, and that it will thus contribute indirectly to the amelioration of the condition of the insane in all countries. The motive is sufficient to make it worth while to study carefully the principles of the system, and to follow with interest their evolution."—*La Législation rélative aux Aliénés en Angleterre et en Ecosse.*

THE LAW OF INSANITY.—Dr. H. C. Wood read a paper on this subject before the Philadelphia Jurisprudence Medical Society, in November, 1884, of which the following is an abstract:

The decisions and acts of Judge Ludlow's court in regard to medical experts illustrate a practice which has had much to do with the present low condition of expert testimony in this country. So far as medical questions are concerned, the fault and the consequent disgrace lie not with the proper qualified experts, but with the practice adopted by judges of admitting any one to the stand who will put himself forward, however ignorant he may be. The law has taken away from the medical profession all control over its own membership and its own government. It has handed it, helplessly bound, over to the medical colleges, institutions without responsibility, from whose secret examinations all light of publicity is shut out, institutions which directly derive large revenues by letting loose upon the profession uneducated men. In the eyes of the court these men are all experts, to the play of whose ignorant fancy human property, liberty and life are left almost unprotected. There are cases of mental disease lying in the borderland between sanity and insanity, concerning which there must always be a difference of opinion. But omitting such cases, I have never personally known any serious divergence of opinions in medical jurisprudence which did not grow out of the ignorance or incompetence of one of the two sets of experts. Very rarely does the student in this country study medical jurisprudence at all; and only when called upon in after life, suddenly, it may be, does he open a work upon that science. The present system works ill both ways—in convicting the crazy man and in liberating the sane murderer. Trials involving the question of insanity are fast becoming such a farce in this country that he who sees them as they are, hardly knows whether to laugh or to cry; but it is the judicial and legislative professions, not the qualified experts, which are chiefly at fault.

Experts are almost as much a necessity in a court of justice as the judge himself, yet our customs are stripping their testimony of almost all its value. To laugh at them, to worry out and get ahead of them in the battle of wits—which is dignified by courts as a cross-examination—is much of the business of the modern attorney.

The nervous system of man has for its powers of functions, will, which controls all actions.

The basis of all proper laws must be either abstract justice, or

necessity for the protection of society; as equivalent terms to abstract justice, may be used the expression "moral equity," whilst "public policy" may be employed as a brief equivalent to the necessity for the protection of society.

The demented criminal is justly held by the law as irresponsible, because his intellectual faculties can not distinguish right from wrong, and therefore his will can not select between the two courses of action. This is a recognition by the law of the moral equity of the case, but in order to protect society the man is locked up, although moral equity does not demand his incarceration. It can make no difference in the moral equities, what is the immediate method or cause of the loss of the alleged criminal's free will. If the will itself be paralyzed by disease, the individual, so far as his moral rights are concerned, is in the same position as though the will had power but could not act properly on account of the perversion of the intellect. Again, if there be disease in the lower or spinal nerve zone, then the individual is freed from legal as well as moral responsibility, so far as concerns the muscles immediately affected by such disease. Thus, if in any situation duty require a man to put forth his hand, if the arm be paralyzed by disease in the spinal zone or region, the man is freed from responsibility, because he has no free will in the matter, the possibility of his action being estopped. Again, if the disease of the spine cause an uncontrollable spasm of a man's arm, and disaster results from such movement, the man is still free from responsibility.

It is the office of the will to control the passions by preventing a discharge of nerve force from the zone or region whose function they are. The same morbid process which, when attacking the spinal cord, causes a discharge of nerve force, and a consequent spasm of the muscles, may so attack the portions of the nervous system controlling the passions that the will has no more power over the discharge of nerve force from these emotion centres than it had over this discharge of the spinal nerve force that caused movement of the arm in our supposititious case. The free will is paralyzed in either case, because disease has so affected a lower nerve centre, that said nerve centre will not mind the behests of the will. A man's free will being in any way destroyed, the equity must be that the individual is relieved from responsibility. If we look at the subject anatomically, the absurdity of the law becomes even more apparent. The four zones of nerve centres may be with sufficient correctness considered as placed one above

the other; at the bottom is the spinal system, above the emotional, above this the intellectual, and higher than all, the will zone. Now the law appears to be that, if a tumor, inflammation, or other lesion affects the spinal zone so that the will can not control its discharges of nerve force, the individual is not responsible for results which grow out of such loss of control; if the intellectual zone be damaged the same rule of law applies; if the will zone be affected, again is the individual freed from responsibility; but if the tumor or inflammation locates itself in the emotional zone, then must the man be hung for acts which are entirely beyond his control and are the products of physical disease. A fraction of an inch one side or the other in the situation of a disease of the nervous system makes the difference whether the sufferer is taken care of for life or is to be hung.

The complete *reductio ad absurdum* is, however, to be found in the single case: Suppose a man has a shifting, nervous irritation. If to-day such irritation paralyzes the intellectual centres, the man is irresponsible; but to-morrow, when the irritation shifts to the emotional centres, the man is responsible, although in either case equally helpless against his diseased self.

I have no mawkish sympathy with criminals. I believe that every man who is convicted three times of a felony should be confined for life and made to support himself by labor. I recognize society has the right to take human life, when such taking is absolutely essential for the protection of society, whether abstract justice warrants the sacrifice or not. I do not complain simply because the law unjustly takes the life of the insane man. Death to the hopelessly insane is often a boon, a rest, and is never a distinct evil. The deep damnation of the statute is in that it publicly brands the unfortunate victim, in his helplessness, with the mark of Cain, and, if he have a family, shadows the lives of those he leaves behind with perpetual infamy. If the protection of society demands that the insane murderer be put to death, let such death be as painless, and as far freed as possible from the horror of expectation, and let it be distinctly stated by the judge, "this man though guiltless, because irresponsible, is put to death for the protection of society." Beyond all it is important that the law be consistent with itself, so that the growing feeling of distrust of and contempt for our courts may not ripen into quiet lawlessness, and fraud be habitually met by fraud, through the hopelessness of an appeal to the courts.—*The Polyclinic*, January 15, 1885.

THE BLOOD OF THE INSANE.—We have been favored with a copy of an able essay by Dr. S. Rutherford Macphail, of the Garlands Asylum, Carlisle, England, entitled "Clinical Observations on the Blood of the Insane," (reprinted from *Journal of Mental Science*, October, 1884, and January, 1885), in which the author furnishes the results of some very carefully conducted experiments with regard to the blood of the insane. The subject is as interesting as it is important. He comments on each series of observations separately, and formulates his general conclusions as follows:

"(1.) While there is no evidence to show that anæmia in itself is a cause of insanity, yet an anæmic condition of the blood is undoubtedly in many cases intimately associated with mental disease.

"(2.) The blood in the demented class of asylum patients is deficient in hæmoglobin and in hæmacytes, and the deterioration progresses as age advances.

"(3.) The blood in patients known to be addicted to masturbation is deteriorated in a marked degree.

"(4.) The blood is below the normal standard in general paralysis, and the deficiency is greater in the active and completely paralyzed stages of the disease than in the intervening periods of inactivity and quiescence.

"(5.) While there is a deficiency in the quality of the blood in epileptics, the decrease is not so pronounced as in ordinary dements at the same age.

"(6.) Prolonged and continuous doses of bromide of potassium do not cause deterioration in the quality of the blood.

"(7.) Prolonged attacks of excitement have a deteriorating influence on the quality of the blood.

"(8.) The blood of the average number of patients on admission is considerably below the normal standard.

"(9.) In patients who recover, the quality of their blood improves during residence in the asylum, and on discharge is not much below the normal standard.

"(10.) There appears to be a close connection between gain in weight, improvement in the quality of the blood, and mental recovery.

"(11.) While there is a definite improvement in the condition of the blood during mental convalescence in all cases, the improvement is both more pronounced and more rapid in those who have had tonic treatment.

"(12.) The four tonics which either alone or in combination proved most efficacious in restoring the quality of the blood as shown by these observations may be classed in order of value thus (*a*) iron, quinine and strychnia (*b*) iron and quinine (*c*) iron alone (*d*) malt extract.

"(13.) Arsenic proved of little value as a blood tonic in these cases, and the observations with quassia and cod-liver oil did not give satisfactory results.

"(14.) The close connection which exists between improvement in the quality of the blood, increase in weight, and mental recovery, the converse which exists in cases of persistent and incurable dementia, and the marked improvement which is effected by certain remedial agents, show that this line of clinical research, more especially with reference to the curative treatment of the insane, should have more attention paid to it than has hitherto been the case."

Action of Paraldehyde.—Dr. Strahan, of the Northampton County Asylum, says that paraldehyde, which was first used as a therapeutic agent by Dr. Cervello, of Palermo, some eighteen months ago, has not received the attention that it deserves. As a sleep-producer he thinks it stands in the same rank with chloral; while in anything like moderate doses it approaches in safety the safest of all sedatives, bromide of potassium. He has given it in mania, acute and chronic, melancholia, dementia, in the various stages of general paralysis, and in simple insomnia, and found it almost invariably a certain somniferant. It acts more quickly than chloral, the patient often being asleep in ten or fifteen minutes. When it does not induce sleep it does not excite, but rather tends to soothe and calm an excited or depressed patient.

The sleep induced by paraldehyde, he says, is, I think, a nearer approach to natural sleep than that obtained by the administration of any other drug. It is light, apparently dreamless, and certainly refreshing. The patient can at any time be awakened by a loud word or a gentle shake, and when so aroused does not display any alarm or confusion of ideas, and if left alone at once falls to sleep again. During this sleep the breathing is somewhat slower and deeper than in the waking hours, while the pulse becomes slightly less rapid, and possibly stronger. The temperature (surface) is not changed, the flow of urine is increased, and the skin is not affected. No headache or other unpleasant symptom is experienced

on waking, and the appetite is not injured even by the daily exhibition of the drug for considerable periods.

The dose is from thirty to ninety minims, but more than sixty drops is seldom required to induce sleep; and this, or even a smaller dose repeated within an hour, is much more effective than a single large dose. It is best given with a bitter tincture in sweetened water. It is given off principally or wholly by the lungs, and may easily be detected in the breath for ten, twelve, or more hours.—*Lancet*, January 31, 1885.

On Alcohol in Asylums.—Dr. D. Hack Tuke has been eliciting the opinions of Asylum Superintendents in regard to the use of some form of alcohol in the ordinary dietary of institutions for the insane, and read an interesting paper on the subject at the Psychological Section of the British Medical Association last year. He concludes his paper as follows:

"I can sympathise with the feeling that it is rather hard lines to cut off a poor man's beer who has been accustomed to it all his life. On the other hand, we must remember that in the administration of an asylum, a balance must often be struck between conflicting interests; and I do think, in this beer question, that if the health of the patients does not suffer and the discipline of the asylum is better maintained, asylum authorities are fully justified in discontinuing the use of stimulants other than medicinally, even if a few patients feel it to be a hardship. I am glad that hitherto the change has been almost always made at the instance or with the full concurrence of the medical superintendents themselves and not their committees. I hope that pressure will never be put upon the former to make a change, and that they will not adopt it unless they honestly think that it is on the whole for the good of the institution they superintend. I would here make one observation arising out of the remark frequently made in the Returns, that the beer is so weak in its character that it can not possibly do any harm to the patients. Well, if that be so, one can not suppose that much good can come of it either; and while I wish to keep the question of expense in a subordinate place, I should be disposed to query whether the present large outlay on beer alleged to be too weak to have any effect, is altogether justifiable. I do not think the substitutes given and the money allowance will often equal the amount spent at present in asylums where alcoholics are freely allowed; but I should be very glad to know that, where they are discontinued, the dietary is proportionately increased, and the wages of the attendants and the cook raised."

BOOK NOTICES AND REVIEWS.

Ragione e Pazzia (*Reason and Madness.*) By AUGUSTO TERALDI, Professor of Psychiatry in the Royal University of Padua.

We beg to return our cordial thanks to the distinguished author of this interesting little volume, which we have read more than once with much gratification. The author does not introduce it to his readers as a philosophic treatise, intended for the instruction of learned psychologists, but rather as an entertaining and not uninstructive miscellany, for the perusal of ordinary readers, whose conceptions of the real nature of insanity, in its ever varying shapes and shadings, are often vague and erroneous. He has therefore given to it a form and colouring which will hardly fail to prove attractive to the lovers of truthful sensationalism, who will be pleased to find that they are treated, not to the phantastic creations of an erratic romancer, but to faithful depictions of human nature as it is presented under some of its most striking and pitiable aspects, in the domain of mental anarchy. Instead of entering upon any critical analysis of the work, of which, indeed it is, from its heterogeneous elements, unsusceptible, we content ourselves with the reproduction of a few of its most striking passages, which however, we by no means desire to be understood as exhaustive of all its beauties; so without further preface we present our selection in the garb of our own dialect, which we are but too well aware, must lack much of the elegance and richness of the original.

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"In what delicate tints compassion may invest itself in an asylum for the insane we may see when it is

presented in one of those beings of fine sensibility and intense affection. Through the winding of asylums there flit slender, pale, lady-like figures, embodiments of tenderness, who may be seen stooping lovingly over the beds of vulgar women with wan faces and glazy eyes, and incapable of recognizing with gratitude the kindness and caresses of their ministering angels, or of exhibiting that sweetness of emotion which passes into the heart of the dying from the tears dropped on their pillows by compassionate visitants, who may be totally unknown to the sufferers. Woman, secluded in an asylum, renounces not her affection; she ever continues a mother, a sister or a lover.

Infants or children falling sick, she regards as her own; the imprints of maternal love render her solicitous for their tender care; and when her protracted delirium has blunted all power of thought, and has reduced her to the condition of absolute dementia, it is no rare occurrence to see her hold in her bosom, and lay by her side in bed, some extemporized semblance of a doll, made up of a few rags, as was her wont when a child. It was her instinct of childhood that created the sublime forms of maternal love; having become a wife and a mother, and, in the sad conflict of disease, a second time a child, the vestiges of that instinct are again seen in their primitive forms. The doll of the dement is a psychological fossil that speaks to the physician of the overwhelming deluge which has swept over that spirit, deforming its complex aspects, and reducing the moral elements to their pristine forms. Within the walls that shelter, the unfortunate woman ofttimes believes that she meets her sisters and relatives, and she draws comfort from the sweet illusion. It is in love that woman manifests that supremacy which is ever her ornament and her just right. All the pages of the

interminable romance of love, which are evolved by the human heart in social life, are read by the alienist; all its dramas, with their joys and their tears, pass before him in the piteous scenes of the asylum.

* * * * * * *

All the sublime creations of human genius, that have been written as episodes of love, with immortal characteristics of art, have their counterparts in the asylum; but how much more truthful and terrible are they! Here we see an unknown Sappho, perched on the brink of a precipice; a Lucia smiling and raving; the singing Ophelia, who weepingly scatters the energies of mind and heart, just as she does her flowers; the ardors of a Francesca, expiated by ever new torments; there we meet a Werther, whose great pain is not to die for an ignoble Charlotte; next the phrenzy of an Othello; anon the erotic contemplations of a Don Quixote, or the ruins of a Don Giovanni. In the delirium of the insane, the purest idealism may coexist with the grossest sensualism; at one time we may find the lunatic agitated by a restless imagination sporting with a phantom of love; again it is a remembrance that has awaked from its ashes—an *ignis fatuus* hovering over the grave of consciousness."

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Madness and reason may seem to be distant from each other, yet they sometimes appear to neighbour so closely as to walk arm in arm; or again they so exchange vestments as to be mistaken, the one for other.

On one of those days, in which the hours seemed to bring to maturity the events of centuries, reason, having been declared a goddess, came to the gate of an asylum overpowered the poster, laughed sardonically at the doctor, drowned in her shouts and songs the

ravings of the insane, and held a bacchanalian dance around a tree, on the top of which was placed the cap of liberty. It was now the turn for the insane to believe that reason, or whatever little of it remained, had gone mad. Not a few of the performers afterwards took up quarters in that asylum.

Paris is the heart of a great country, and when its beatings become tumultuous, the surging pulse wave flows through the gates of the Charenton, the Salpêtrière and the Bicêtre, and the dozen other public and private asylums, leaving indelible traces of memorable names.

These thoughts flitted through my head one morning as I entered one of those isolated cells, within the court of the Salpêtrière.

They were ugly huts, scattered here and there in which the more turbulent patients were lodged. There was a time when the light, broken by strong iron bars, entered through a little window; the narrow door, strengthened by cross beams, showed at the bottom a hole, through which food and water were passed in. In the interior there was a board, sloping towards a corner, to which filth was directed; along the side opposite the window, was a sort of bench, about the length of a man, and half as broad, supported at the four corners by square feet, about a foot high; at one end of this lair, there stood, about its middle, an iron bar on which there ran a strong ring, at the ends of two chains, that terminated in strong manacles which in better times were lined with leather. At the present day these contrivances have been relegated to the historical museums of asylums, and one of those huts has been preserved at the Salpêtrière, just as it was, as an historic curiosity. I determined to visit it, and on entering it, I saw on the grey wall a sort of arabesque, of reddish color, dashed off convulsively, which on inspect.

ing with closer attention, I recognised as a name, and probably that of an old inhabitant of the place; the plaster had been somewhat injured by the dampness, which had obliterated some of the characters, but not so far as to prevent me from making out the name *Lambertine*, and below it *September, 1807.* That name was not new to me, and that date brought back to me a certain remembrance; but, as so often happens, it was obscured by the gloom of clouded recollection; yet that name excited in me a strong desire to know something more about it. I therefore went at once to search the archives of the establishment, where I ransacked the clinical records of that year, until I succeeded in reaching, at the head of an entry: *Lambertine Théoroigne de Méricourt.*

Here was my heroine. At the instant, my old intimacy with the name re-appeared, only in indistinct, but strange, terrible and pitiable lines. I ran rapidly through the few pages, and a sensation as of a cold knife blade ran over me from head to feet, and severed the memories of her times.

Having, without fear of indiscretion, taken some notes, I added these, after my arrival at home to some others which I found in my scrap books, and I now transcribe them faithfully.

Thréoigne Lambertine was born at Méricourt, in the vicinity of Liége; at the date recorded in the clinical record, 1807, she was 40 years of age. This was her second admission into the Salpêtrière; her first was in 1800, but she was subsequently transferred to the asylum called *des Petites Maisons.*

She had been known in Paris as the *la belle Liégeoise* and she must indeed have been very beautiful, to have been called the Queen of all the daughters of Eve in the district of Luxembourg, the designation under which she was afterwards known.

There stood on the banks of the Rhine an old ivy-clad castle, hidden among linden trees; Lambertine often wandered towards it, and it was there she breathed the air of a first ardent and confiding love. She was betrayed! Shame drove her from her native land, and she fled to England.

There are some errors in early life, which may be followed by a reaction that will regenerate and elevate the sufferers, or may, should they unfortunately become inebriated by new seductions, enfeeble them and sink them yet deeper The latter was unfortunately the result in the life of Lambertine. Fired with scorn for that ideal love which had brought her to shame; longing for vengeance, which she sought even in the brutalism of vice; fervid in imagination, that ever opened to her new horrors of seductions; and bursting with indistinct and boundless desires, she was prepared to obey her most vivid emotions. The present must wipe out the memory of the past; every new day must be the tomb of that which had gone before. The storm then raging in Paris reached the beautiful Lambertine; with the daring of one conscious of the power of the charms conceded to her by nature, charms to which even the souls of the austere English had yielded, she reached the capital of France. She brought with her but one letter of introduction; it was addressed to the citizen Mirabeau;—her path was now marked out.

The political field proves opportune to woman for the sheltering of her emotions, and in her, those of the heart always rank first; she will, if so required, die for her party, but behind the banner of the party it is always her heart that beats time. Plunged into the vortex of the revolution, Lambertine must run through all its mazes, passion became enthusiasm, and this, by a fatal law,

ran into madness. Paris was soon habituated to see her the standard-bearer of the revolution, wherever the people assembled; on the public squares, in the orgies, on the barricades, at executions, Lambertine, as a baleful star, was ever present, to-day by the side of Mirabeau, to-morrow with Sieges, then with Chennier, Danton, Jourdan, Brissot, Desmoulins, and all the other great reformers. To-day an Amazon, to-morrow at the assault of the balustrades of the Invalides, or in the front, at the capture of the Bastile, where she was decreed a sword of honor. Drawn around as a lady of court in an aristocratic coach, she descended from it glittering with gems and gold, which, attended as she was by a batallion of bold women, induced the regiment of the guards to salute her with their arms.

Lambertine, invested with military rank, rushed to Liége, to rouse the people; shortly after she presents herself among the raging rabble that moved from Paris to Versailles, and thence she returned on horseback, in that bacchanalian tumult which determined the dethronement of a king; on this day she rode by the side of the terrible Jourdan, "the man of the long beard." We find her for a short time the prisoner of the Austrians, in Vienna; but the Emperor Leopold must talk with her, and she was so amiable that her gaoler was softened, and she presently winged her way back to Paris. One fine morning the crowd saw her once more in the Tuileries, preaching love, moderation and concord; a few days after she is at the head of those who bore in triumph the heads of the royal body-guard.

One day she fell in with a cortège of condemned ones, who were on their way to the prison of the Abbey; among these wretched ones she recognized a man that reminded her of a castle on the banks of the Rhine; it was said that she was petrified by the sight

of him, and that she was seized with such a thirst for vengeance, that though she could have saved him, she left him to be numbered among the massacred of September. On another day she could have saved the revolutionary journalist, Souleau, but she left him to his fate. In all these scenes of vice, crime and madness, she appeared as an enchantress. Her stature was noble, her hair auburn, her eyes were large, brilliant and sea-blue; she smiled sweetly, but in every passionate movement of her features she showed a notable cast of fierceness. Her figure was gracefully rich, and all her gestures were pliant and elegant.

Her person acquired new enchantments, under new and strange vestments; she was brilliant under a scarlet mantle, voluptuous within thin gowns, that defectively concealed her witching shapes; and when she appeared in the tumults of the squares, wearing her rich head-dress, the people were intoxicated by her charms.

But the favours of the people are fleeting; their stars are falling stars. Lambertine preferred the Girondistes, and with them and Brissot she fell; with them she tried to stem the tide, but it overwhelmed her; the heroine of Liége seemed a moderate, compared with the *furies of the guillotine;* on the terraces of the Tuileries, where she was wont to harangue the people, she was stripped, and publicly flogged.

There are indignities which give to reason its death-blow, when it has already been shaken by a giddy life, and this, to the spirit of a woman, however unused to the blushes of modesty, was the one.

The name of Lambertine was entered on the registers of the Salpêtrière in 1800; but she had already been, for several years, confined in a house in the suburb St. Mark. In the Salpêtrière she was shut up in the cell

already described; she was not subjected to any form of bodily restraint, for the spirit of benevolence had then penetrated those walls and taken away the chains. Yet, oh! what anguish to *her*, within those close walls! The convulsed phantasy of Lambertine peopled that cell with images that incessantly succeeded each other, arousing fresh excitements, and breaking her sleep, when her frame, wasted by long delirium, needed repose. Shoutings for liberty, imprecations and threats, decrees for arrests and death, alternated with brief pauses, which were perhaps even more tormenting.

In the dead of night, when the vast court of the Salpêtrière was deserted, and the shadows of the lindens trembled on the dusty soil, whilst some attendants passed across, and the dead silence was broken only by the ravings of the insane, the unquiet spirit of Lambertine peopled this solitude with imaginary personages; she harangued these phantoms, urging them forward to attacks, battles and murders. Beneath the graces of a woman Lambertine had possessed a fibre of steel. She now tolerated no vestments; she was insensible alike to cold and to shame; she was in the habit of upsetting the water pails on her wretched straw-bed, on which she would afterwards curl herself up in a single sheet, with her knees between her hands; the rigors of winters did not change this custom, and she would break with her fists the ice on the water for her use. Thus lived she for years; and her vigils, ravings and fastings soon ruined her once beautiful person. O, what a change!

She, who had been accustomed to raise her beautiful head over crowds of adorers, now crawled on her hands and knees, scratching up the filth of her floor; she, whose body was once so caressed by seducers, raged on that lair of filth, as if in luxury; her hair erewhile so

soft and glossy, now bristly, scarce and whitened; the brilliance of the eye extinguished, the music of the voice hushed, and all the allurements of the flesh for ever gone!

What a change!

Under these most pitiable aspects was the Théroigne depicted, on the fourth page of an album, by the hand of the father of modern French psychiatry.

I followed my heroine even to the table of the post-mortem room. Anatomy sought in vain within the cranium for any testimony to her ferine cruelty, her insatiable voluptuousness, implacable hatreds, and voluble loves. Nothing, and still nothing; that cranium and that brain might have been allotted to any other demented being."

* * * * * *

Professor Tebaldi, like some others of his countrymen, would seem to have in his composition a proclivity to humorous indulgences, even when treating of very serious matters. Near the end of his little book he furnishes his readers with a serio-comic narrative, which must at once amuse, and it is to be hoped, improve the assiduous student of alienistic pathology. We shall allow him to introduce the subject in his own words, which are as follows:

"Here, before parting with my reader, I would reply to a question which is very often addressed to alienists: 'Do we find organic alterations sufficing to explain the numerous and varying forms of mental disease? Is there any material change in the brain that may cause the ebullitions of insanity?'

The answer might be somewhat difficult; I shall endeavour to give it by relating a singular occurrence that happened in a university of this world, or if it better please the reader, in that of the world of dreams, a domain into which I sometimes ramble.

An old professor, who had become grey in the study of insanity, and was accustomed to long vigils, in exploring the mysteries of this science, one night became wearied; he laid his head back against his chair, and closed his eyes, for a nap. When he awoke, he found on his table a letter; it had no postage stamp; the direction was strangely written, sloping a little towards one side, and again towards the other, with some hieroglyphics added; it was just one of that sort with which alienists are very familiar. It read as follows:

My dear and good Doctor:

A feeling of profound gratitude, to me no stranger, my respect for your untiring beneficence, lavished on your patients, and the desire of clearing up a fact which has occasioned so much rumour, have induced me to address to you this letter. I know that the staid and tranquil minds of the Professors of this celebrated University, and those of some of the political authorities, have been excited by the fact, that the body of a deceased woman has disappeared from the School of Anatomy; here am I to explain the secret, and thus to allay the curiosity of all those gentlemen. You know who I am and you will well remember me, since I was a subject of your clinical instructions, and you made a world of research in order to understand me. My genealogy was traced back to its most remote origin, and it was discovered that I descended from a merry and thoughtless god; my features were studied as earnestly as those of a lover; my body was subjected to a thousand examinations and experiments—battered, punched and explored in every part; commotion by electricity when it was quiet; made fast in a strong camisole with long closed sleeves, when it was taken with some lively convulsions; and my inner parts were not less tormented, for I had to swallow pills and potions enough to frighten a hypochondriac. At last I was one day believed to be dead, and I was hoping that I would now have peace; but it was an illusion. I must, distinguished Doctor, commit to you a secret, without which you would be unable to explain the mystery. You are not to regard me as the equal of any of the other patients who have the good fortune to be treated by you: I am a privileged being. When I was yet an infant, a genius

came to my cradle, and having somewhat whimsically caressed me, placed a hand on my tender forehead, and pronounced these words: "Live, my babe, as long as humanity shall live, and every one that may look on you, or even touch the edge of your vesture, or a lock of your hair, shall derive from you something that will be transmitted to descendants throughout distant generations. The spirit shall animate every part of your body, so that each, even when detached from the rest, will possess sense and consciousness, and by its own virtue will tend to reunite itself to its proper associates." You smile, Doctor, but within these words, which to you seem obscure, you will find something that was known to you; as to the truth of the last words of the prophesy, I am now at hand to establish it, by recounting, in full length and breadth, all that happened to me, when I was believed to be dead.

Hardly had you uttered the fatal word *dead*, when I felt the sheet drawn over my face. A few hours afterwards, two strong fellows laid hold of me, one by the shoulders and the other by the feet, and placed me on a litter, on which I was carried off, and laid on the floor, along with a row of six or seven others. Having once begun the fiction, it pleased me to continue it; and I wished to see the end of it. A string was tied on my great toe, and at its other end it was fastened to a bell, I was then left in that cold, silent place, and in that quiet company. I took care not to move a single member of my body, lest some one might come in; having turned my head just enough to have a peep at those seven white and motionless faces that were my neighbors, I smiled just a little bit, hardly enough to show my teeth. Twenty-four hours passed, when those two strong fellows, with very little ceremony, having denuded me, lifted me up, and let me plump down into a sort of coffin, but not without paying a compliment to my body, which I, as a woman, accepted with complacency, even when I had to assume the appearance of being dead. After being carried from that place, I passed into the hands of a man even more rude than the others; he was the sexton, by the aid of another, he lifted me out of the coffin, raised me high, and let me fall on a table, so hard and cold as to make any one shiver, for it was of stone.

Now commenced a strange spectacle. All around, over the seats of an amphitheatre, were spread a hundred young men, some of whom were near me, and you, Signor Professor, were among these, the rest were higher up and more distant. O! how many eyes were turned towards my tender limbs, which I had all

my life, unless when I was much disturbed, so sedulously kept covered! O! dear, what compliments!

A tall, lean gentleman, with a thin grey beard below his chin, and spectacles on his nose—he resembled you, Professor, a little—and covered by a long, black, glossy vestment, came close to my head, which was resting on a wooden pillow. An iron hand then placed me on my face, pressing it against that hard block, and I felt a sharp blade running round my head, from which the hair had been shorn; the cut was carried down to the bone; next I felt my scalp leaving the skull, with a sort of rustling sound much like that of my silk dress when I was putting on dancing attire.

I felt no pain whatever, and I listened with intense curiosity to all the Professor said to one of the students who had come beside me, and from time to time, with very little respect, to say the truth, laid his writing board over my abdomen.

They next, with a saw, separated the upper parts of my skull from the lower, and when the Professor laid the brain bare, there was a general commotion of curiosity; all eyes, armed with magnifying glasses, examined this viscus, which, after being raised carefully from its shell, was placed on a weighing scale. When the Professor announced the weight of my brain, there was an exclamation of general astonishment, because it exceeded, not only the average weight of the brain of woman, but even that attributed to man. I profoundly enjoyed the compliments which at this time were showered down on me from the benches of the school, and I was on the very point of laughing out; but I smothered it in my throat, for I feared that they would all have run out in terror.

They now began to cut into the brain, and I did not lose a particle of my consciousness, or of my finest senses. I heard the Professor, at every cut, making his observations, spread with strange words, such as abound in the topography of the brain, when he came to lobes, nodes, ventricles, feet, pillars, tubercles, thalami, and a thousand other things. His observations always ended with this formula: Normal all through! [In the text, *ganz normal.*]

There was a moment when he showed, on the point of his scalpel a round, reddish, minikin body, to which I had never before given a thought; he jokingly said: "Even the pineal gland, the centre of life, of Descartes, *ganz normal.*" The Professor, by way of a little fun, here made a short digression, relating an anecdote apropos to this little body, which in past times, was

believed to be the centre of life; he said that one Brossetto, a *littérateur*, and a famous Cartesian commentator, who had lost a wife whom he greatly loved, desiring to preserve forever the most choice part of her, treasured up the pineal gland, and had it placed in a ring which he religiously wore for thirty years after. All those studious gentlemen smiled; not however I, who had often heard the beliefs of the past laughed at in the schools, and I expect some day to laugh, myself, at those of the present time.

The bits of my poor brain having been thrown into a vessel, I felt the knife running down over my breast and abdomen, and after a few learned cuts and screeds, a hand seized my heart, raised it from its mysterious niche, and bore it to the light. Some of the students now lighted their cigars; the smoke of tobacco has before had its place in the dramas of the heart, and it should not be wanting in that of anatomy. The odor of my viscera perhaps offended their olfactories; mere metamorphosis of matter.

My heart, as a grand dethroned one, was laid on my breast; the point of the knife was carried into its flesh, and it was split open in two or three directions; they fingered its walls and explored its every recess, but, deluded in their search, they returned it to its place. I say only what is true, when I tell you that these wounds inflicted on my dearest part, were the only ones that caused to me a sort of thrill; but I comforted myself with the thought that I had long since carried away the treasure; they searched for the booty in an empty casket. Sentiments, affections, passions, emotions, ravings and the entire tumultuous array, I had before bestowed upon one and another, best known to myself. My heart could beat no longer, for I had stopped its movements, therefore they might cut away at their pleasure; and assuredly one single contraction would have sufficed to drive those students and that grave, frigid anatomist out of their wits; but I denied myself this gratification, feeling certain that some time or other, in the lives of all those gentlemen, my quarter of an hour would come around. What they did to me afterwards, I need not tell you, for you know it better than I do; it ended in their leaving to me sound, only the arms and legs, excepting a few cuts bestowed by way of pastime.

I was in hopes that this tormenting show was at an end; when, behold! A new trial came. The Professor, having detached a very small bit of my brain, placed it between two glasses under a lens that magnified enormously. See, I heard him say, a nervous cell; and all those gentlemen, one by one, stared at it, but turning

their eyes away, it seemed to me that they said to themselves: We knew just as much before.

Having accomplished this feat, the Professor, turning to his scholars, with great solemnity declared: That, finding no special lesion, to which to ascribe death, it must be held that the cause of it had been *paralysis of the heart.* I laughed in every little scrap into which they had cut me.

The sounding of a bell emptied the amphitheatre; only the sexton remained; and he, smoking the stump of a cigar, and grunting some song in monotonous, jocular cadence, tossed my ill-used members confusedly into the coffin; he then poured some water over the stone table, leaving it ready for the next case, and having taken off his black tunic, spotted with blood, he left the school, crooning his wonted refrain, and shedding the last puffs of his cigar stump.

A profound silence now reigned in that place, when every part of my body, governed by the force of affinity, moved towards those which had been neighbours to it in life, and in a short time I felt myself re-made; the incisions of the heart closed up, it resumed its beatings, and the blood again flowed through all the windings of its vessels. As awaking from a horrid dream, I raised my head and looked around, and as I heard no sounds, I arose from that sad repository and took my way to the door. I was naked, and I must have something to cover me; it would have raised a devil of a rumpus, and I would have been again shut up in an asylum, had I gone out in that state; and yet those young men had seen and examined me from head to foot; so having taken the pin off your black gown, I put it on, and put some muslin rags on my head. I then departed from that place, which I never can forget.

Once outside, I became mistress of myself; I moved around among the people; at present I appear in professional garb, which, as to that matter, suits me as well as any other, under which I mask and disguise myself.

Here now, my dear Professor, you have the details of the anatomy of a live woman. You may be grateful to me for this revelation, as I am to you for all the kind attentions lavished on me, and for all the experiments made on me, both alive and dead. I do not kiss your hand, lest I might infest you with some of my bizarrity, but I make you a low courtesy, and I hope to see you again soon, under some new and interesting semblance. Continue that friendship which to me has been so pleasing, and for which I shall ever be most grateful." LA PAZZIA.

Clinical Lectures on Mental Diseases. By T. S. Clouston, M. D., Edin., F. R. C. P. E. Physician Superintendent of the Royal Edinburgh Asylum for the Insane, Lecturer on Mental Diseases in the Edinburgh University, etc., etc. London: J. & A. Churchill. Philadelphia: Lea Brothers and Co.

We presume there are few of our readers who have not already possessed themselves of a copy of this work,—a notice of which was inadvertently omitted from an earlier issue,—and that, therefore, an expression of opinion with regard to it may seem belated and supererogatory. Our appreciation of the volume was, however, foreshown several months in advance of the complete issue, by the reprinting of selected instalments furnished by the author to the *Edinburgh Medical Journal*, and we have since had occasion, in another department, to call attention to the fact of publication.

Dr. Clouston is eminently qualified to write a clinical manual. Not only do his professional prestige and large experience as a teacher thus fit him, but as a word-painter he has few equals in medicine. Rarely has a medical book given us as much pleasure in the reading, from the purely literary point of view, as has the one before us. The style is trenchant and vigorous, it is rugged in the use of Anglo-Saxon words, and brings with it a belief that the author himself believes every word he says and knows whereof he affirms.

If we can not wholly approve his refinements of classification, and if we question the justification, as special varieties, of such terms as "post-connubial insanity," we must at all events concede the convenience, from a clinical and teaching point of view, of thus adopting and amplifying the classification introduced by his illustrious predecessor, the late Dr. Skae, who, following Morel and Schrœder van der Kalk, assumed that the mental symptoms were the chief things about

the disease to be observed. Dr. Clouston's keenness of perception does not allow him to lose sight of symptoms that might well elude the observation of less perspicacious clinicians, and his accuracy of judgment is well shown in pointing out their significance.

He makes occasional reference to his American experiences throughout the volume, and in allusion to the "Neurasthenia of Beard," condemns its treatment by *massage* as "the most irrational plan that was ever conceived by the medical mind." Such a plan might, he thinks, suit a few exceptional cases with weak hearts, but its general application seems to him "utterly absurd." He inclines to the belief that in some parts of America the air and climate, and the mode of life and education are so stimulating that the brain with us sometimes exhausts both its own trophic and energizing power, and pays the penalty by prolonged periods of "neurasthenia." As a natural cure a change to a more sleepy climate, is therefore suggested. Laziness he describes, on the other hand, as a diminished evolution of nerve energy, adding that it is more often a real disease than is commonly imagined. It is gratifying to our national pride to lay to our souls the flattering unction that, on this theory, we are not a lazy people, and the possession of neurasthenia as an American monopoly may almost be regarded as matter of congratulation.

We might go on culling sound bits of medical wisdom from Dr. Clouston's store-house, for we have marked many passages in our copy for reference, but we are too late, and as already intimated, most of our readers will have long ago formed their own judgment and care now little for ours. We would, however, especially commend as worthy of attention the author's views on treatment. He is the unceasing advocate of

abundance of fresh air and food. The amount of milk and eggs wherewith he plies some of his cases fairly appals the reader and almost induces in him a sense of gastric tension. Thus it happened that, at the great Tercentennial Festival, held in Edinburgh a year ago, our author was represented in caricature as "proclaiming the gospel of fatness," and a not inappropriate rhyme, as further characterizing the man, was readily found in "patness."

The manual has already had a considerable sale in the United States, and we wish it well. It is a book that every alienist should have on his shelf, or, better still, on his table.

A System of Practical Medicine by American Authors. Edited by WILLIAM PEPPER, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine in the University of Pennsylvania. Philadelphia: Lea Brothers & Co., 1885.

Seldom, if ever, has a more ambitious medical work been undertaken in America than this System of Practical Medicine, and we hail the appearance of the first volume with pride and satisfaction as a hopeful sign of the times. The undertaking is distinctly American, if we accept the word in its wider significance and include our neighbor Canada. The distinguished editor has secured the services as collaborators of men eminent in their respective departments, and hopes in the four volumes to present to the profession the whole field of medicine as it is actually taught and practiced in this country.

Volume I treats of Pathology and General Diseases and comprises upwards of a thousand pages. The article on Cholera by Professor Stillé will be read with interest in these days of a threatened epidemic, and so too will that by Dr. Billings on the cognate theme of

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Hygiene. Professor Stillé has nothing but contempt for those who urge against the experiment of a rigid quarantine by land or sea the singular argument that such measures have not always excluded the disease. "This is taking council from despair; is a stupid fatalism which one might imagine to have been imported with the disease from the East, or it may be a sign of the unconscious blindness of mammon-worshippers, who, neither fearing God nor regarding man, have as little pity for the victims of cholera, permitted, if not invited, by them to scourge the nations, as devout Christians once felt for the negroes who were bought or kidnapped in Africa to toil and die under the lash of the slave-driver."

If the standard of excellence of the first volume is maintained in those which succeed it, we predict for the publication a hearty reception at home and abroad. The volume before us certainly reflects great credit and honor on American medical literature, and places all American physicians under a debt of gratitude to its distinguished and enterprising editor.

Insanity and Allied Neuroses: Practical and Clinical. By GEORGE H. SAVAGE, M. D., M. R. C. P., Physician and Superintendent of Bethlem Royal Hospital; lecturer on Mental Diseases at Guy's Hospital; joint-editor of "The Journal of Mental Science." With 19 illustrations. Philadelphia: 1884.

This volume is one of a series of clinical manuals published by Cassell and Company for the use of practitioners and students of medicine. The author has been an active worker in his specialty, and, as intimated in the preface, felt that he owed it to his position as physician to a large hospital to give the younger members of the profession the results of his more than twelve years' experience in Bethlem. Dr.

Savage has not done this; indeed, we should be sorry to think that, within the limits of a small manual like the one before us, it were possible for the distinguished author to embody the results of a particularly active and brilliant career.

As a handbook, a guide to practitioners and students, the book fulfils an admirable purpose. The many forms of insanity are described with characteristic clearness, the illustrative cases are carefully selected, and as regards treatment, sound common sense is everywhere apparent. As might be expected from the character of the book, though not from that of the man, pathology receives little consideration. It is to be regretted that while Dr. Savage was about it, he did not, or rather that he could not in view of the restricted scope of the work, give us the full benefit of his pathological researches. We repeat that Dr. Savage has written an excellent manual for the practitioner and student, but we may be permitted to add the hope that he may have leisure later to write a volume that shall be in every way worthy of his great name and attainments, as well as of the great medical school in which he teaches.

REVIEWS OF ASYLUM REPORTS.

MASSACHUSETTS:

Sixty-Seventh Annual Report of the McLean Asylum for the Insane, at Somerville, Mass., for the year ending December 31, 1884. Dr. EDWARD COWLES.

There were in this Asylum, at date of last report, 165 patients. Admitted during the year, 113. Whole number under treatment, 278. Discharged recovered, 34. Much improved, 13. Improved, 10. Unimproved, 29. Died, 17. Total discharged, 103. Number remaining under treatment December 31, 1884, 175.

Under a provision of the law voluntary patients are received into this asylum and of the 113 admissions nearly one half, *i. e.* 53, were admitted as such upon their written application.

Among this number there were two not insane, being cases of alcoholism, and they were discharged as recovered and improved respectively. We think it would be much better to include such cases under the heading "not insane," as by classing them as recovered or improved among the insane, the statistics of the curability of insanity are invalidated.

In connection with this asylum there is a cottage at the seashore in Lynn, which during the summer season, is a source of pleasure and benefit to the patients.

The trustees of the Massachusetts General Hospital, of which this asylum is a branch, have organized a training-school to be known as the *McLean Asylum Training-School for Nurses*, for the purpose of giving women desirious of becoming professional nurses, a two years' course in training in general nursing, with special reference to the care of cases of nervous and mental disease.

The instruction will include the general care of the sick; the managing of helpless patients in bed, in moving, changing bed and body linen, making of beds, etc., giving baths, keeping patients warm or cool, preventing and dressing bed-sores; bandaging, applying of fomentations, poultices, and minor dressings; the preparing and serving of food, the feeding of helpless patients and those who refuse food; the administering of enemas and the use of the catheter; attendance upon patients requiring diversion and companionship; the observation of mental

symptoms; delusions, hallucinations, delirium, stupor, etc., and the care of excited, violent, and suicidal patients.

They will also be given instruction in the best practical methods of supplying fresh air, warming and ventilating sick rooms in a proper manner, and will be taught to take proper care of rooms and wards, in keeping all utensils perfectly clean and disinfected, etc.; to observe the sick accurately in regard to the state of the secretions, pulse, breathing, skin, temperature, sleep, appetite, effect of diet, of stimulants, and medicine, and the managing of convalescents.

The instruction will be given mainly by the superintendent of the Training-School, and by the supervisor and head nurses. Lectures and demonstrations will also be given at stated periods by the Asylum Medical Staff. Examinations, chiefly upon practical points, will take place from time to time.

The pupils will be employed as assistant nurses in the wards of the hospital, and will be paid fourteen dollars per month during the first year, and sixteen dollars per month during the second year, for their clothing and personal expenses. Their education during this time is considered as compensation for their services.

They will be required to wear at all times, while on duty in the wards, the hospital uniform dress. When the full term of two years is completed, the nurses thus trained will receive (after final examinations) diplomas certifying to their period of training, their proficiency and good character.

This asylum is richly endowed and the average cost per week *per capita* for the last year was sixteen dollars. It has been even higher.

Fifty-Second Annual Report of the State Lunatic Hospital at Worcester, Mass., for the year ending September 30, 1884. Dr. JNO. G. PARK.

There were in this Hospital, at date of last report, 731. Admitted during the year, 252. Whole number under treatment, 983. Discharged recovered, 53. Much improved, 36. Improved, 35. Unimproved, 51. Not insane, 2. Died, 57. Total discharged, 234. Remaining under treatment September 30, 1884, 749.

Dr. Park says that the population of the hospital has steadily increased and that now the limit of its comfortable capacity has

been reached. Twenty-two incurable patients were transferred to the State almshouse at Tewksbury, to make room for new admissions, but as the latter institution is also crowded, the question of what is to be done with the surplus is a serious one. As an answer to this problem, Dr. Park strongly urges provision for the separate care of the criminal insane, as well as increased capacity for the chronic cases.

PENNSYLVANIA:

Report of the State Hospital for the Insane, at Norristown, Pa., for the year ending September 30, 1884. Dr. ROBERT H. CHASE, Department for Men; Dr. ALICE BENNETT, Department for Women.

The statistical tables of the two departments of this Hospital are given separately, and each resident physician also makes a separate report, the two departments being entirely distinct in medical management.

There were in the men's department at the beginning of the year, 533 patients. Admitted during the year, 192. Whole number under treatment, 725. Discharged recovered, 57. Improved, 31. Unimproved, 10. Died, 55. Total discharged, 153. Remaining September 30, 1884, 572.

As will be seen by the above table there were 39 more patients in the hospital at the close of the year than there were at the beginning. The wards are much crowded and the demand for increased accommodations is very pressing. This can be best met, Dr. Chase thinks, by converting the present ward dining-rooms into dormitories and erecting a large central dining-hall in close proximity to the kitchen.

A notable feature of the year was the establishment of a pathological laboratory. The staff was also increased. Both these steps were in the right direction. Dr. Chase speaks favorably of paraldehyde, and says that it has produced sleep in some cases where chloral failed. He also considers it a very safe drug.

In the women's department there were at the beginning of the year, 473 patients. Admitted during the year, 162. Whole number under treatment, 635. Discharged recovered, 35. Improved, 13. Unimproved, 10. Died, 41. Total discharged, 99. Remaining September 30, 1884, 536.

Dr. Bennett says that gynæcological treatment has constituted a large part of the medical work of her department. She thinks

that in a few recent cases there seemed no reasonable doubt that such treatment assisted in and hastened the restoration to reason, and wisely remarks: "How often and to what degree uterine disease may act as a cause of insanity is difficult to determine and will require more extended observations."

Dr. Joseph Wiglesworth has given considerable attention to this subject, and in a paper "On Uterine Diseases and Insanity," published in the *British Journal of Mental Science*, for January, 1885, gives two tables. The first shows the condition of the uterus and its appendages in 109 insane persons as ascertained by examination after death, and the second the condition of the uterus and its appendages in 65 insane persons as ascertained by examination during life. From a study of the cases tabulated he concludes "that uterine abnormalities are of more frequent occurrence amongst the insane, than is commonly supposed," and advocates a more frequent resort to uterine examinations on the patient's admission. Although this course is strongly urged he adds the significant fact that he is "unable to bring forward any cases in which the recognition and treatment of uterine disease has been followed by the cure of the patient's insanity."

Report of the State Hospital for the Insane at Danville, Pa., for the year ending September 30, 1884. Dr. S. S. Schultz.

There were in this Hospital, at date of last report, 327 patients. Admitted during the year, 201. Whole number under treatment, 528. Discharged recovered, 37. Improved, 32. Unimproved, 17. Not insane, 1. Died, 29. Total discharged, 116. Remaining September 30, 1884, 412.

Dr. Schultz calls attention to the importance of early treatment, and regrets that the dissemination of false views concerning the character of hospitals for the insane, often induces the friends of patients to keep them at home until they become hopelessly insane.

The majority of cases discharged recovered, remained under treatment for from three to six months, but quite a large percentage secured their health only after remaining under treatment two years or even longer, and a few cases ended favorably after a residence in the hospital of three years and over. This illustrates forcibly the necessity of continued treatment for discouragement and discontinuance of treatment at an earlier period, in the cases mentioned, would most likely have lost all.

Annual Report of the Western Pennsylvania Hospital at Dixmont, for the year ending October, 1, 1884. Dr. HENRY A. HUTCHINSON.

There were in this Hospital, at date of last report, 498 patients. Admitted during the year, 189. Whole number under treatment, 687. Discharged recovered, 28. Improved, 55. Unimproved, 19. Died, 69. Total discharged, 171. Remaining September 30, 1884, 516.

Dr. Joseph A. Reed, of whom an obituary notice was published in the last number of this JOURNAL, died on the 6th of November, and Dr. Hutchinson was elected to succeed him. During the year there were also several changes in the Board of Managers, five having died within the twelve months.

In other respects the year was an uneventful one.

Annual Report of the State Hospital for the Insane, at Warren, Pa., for the year ending September 30, 1884. Dr. JOHN CURWEN.

There were in this Hospital, at date of last report, 423 patients. Admitted during the year, 203. Whole number under treatment, 626. Discharged recovered, 36. Improved, 28. Unimproved, 33. Died, 46. Total discharged 143. Remaining September 30, 1884, 483.

Dr. Curwen says that the opinions generally entertained by the laity in regard to hospitals for the insane are founded on a condition of affairs which existed in England seventy-five or a hundred years ago, and for that reason he devotes nearly his entire report to a description of the medical, hygienic and moral management of a modern hospital for the insane.

The year was happily uneventful and without accident of any kind.

OHIO:

Eleventh Annual Report of the Cincinnati Sanitarium for the year ending November 30, 1884. Dr. ORPHEUS EVERTS.

There were in the Sanitarium at the beginning of the year, 52 patients. Admitted during the year, 135. Whole number under treatment, 187. Discharged recovered, 74. Improved, 28. Unimproved, 17. Died, 11. Total discharged, 130. Remaining under treatment at the close of the year, 57.

The ratio of recoveries on the number admitted was nearly 55 per cent, which is a remarkable showing. It is probably accounted for by the fact that the Sanitarium receives patients from the better and more educated classes, who realize the value of early treatment. Such results can scarcely be expected in public asylums, where the majority of patients are practically incurable when placed under care.

The Sanitarium is now in excellent condition, and the number of patients admitted during the past year was larger than ever before.

Twenty-Fifth Annual Report of the Longview Asylum at Carthage, Ohio, for the year ending October 31, 1884. Dr. C. A. MILLER.

There were in this Asylum, at date of last report, 662 patients. Admitted during the year, 220. Whole number under treatment, 882. Discharged recovered, 56. Improved, 53. Unimproved, 33. Not insane, 4. Eloped 4. Died 58. Total discharged, 208. Number remaining October 31, 1884, 674.

Dr. Miller's report is very brief, consisting of a diet table, which appears to be a good one, and a copy of some recommendations of the Special Grand Jury in regard to some needed repairs. Nothing of unusual interest occurred in the medical department during the year.

Eleventh Annual Report of the Asylum for the Insane at Athens, Ohio, for the year ending November 15, 1884. Dr. A. B. RICHARDSON.

There were in this Asylum, at date of last report, 635 patients. Admitted during the year ending November 15, 1884, 223. Whole number under treatment, 858. Discharged recovered, 96. Improved, 22. Unimproved, 69. Died, 63. Total discharged, 250. Number remaining November 15, 1884, 608.

This asylum like almost every other, is crowded to its utmost capacity, and Dr. Richardson advocates the construction of associated dining-rooms and the conversion of the present ward dining-rooms into dormitories, thus making room for one hundred and fifty more patients.

The asylum has been conducted on the same general plan followed during previous years, and with satisfactory results. Aside from two suicides the year was not marked by any unusual occurrences.

Thirtieth Annual Report of the Asylum for the Insane at Cleveland, Ohio, for the year ending November 15, 1884. Dr. JAMIN STRONG.

There were in this Asylum, at date of last report, 625 patients. Admitted during the year, 220. Whole number under treatment, 845. Discharged recovered, 87. Improved, 41. Unimproved, 63. Died, 37. Total discharged, 228. Number remaining under treatment November 15, 1884, 617.

Of the 220 patients admitted during the year 98 had been insane less than three months, and 19 less than six months. Nearly 50 per cent of those admitted, therefore, were in the early and more curable stage of the disease, and the unusually large number of recoveries, 39.99 per cent, is thus account for. This is a showing which but few asylums can make. Dr. Strong says that a rigid scrutiny is exercised in pronouncing upon the condition of those discharged, but despite the utmost care apparent recovery is often mistaken for real. He adds, what all asylum officers know, that it is impossible to furnish in an asylum such tests of recovery as are found in the outside world. "It is the difference between being safely moored in the harbor and being at sea contending with adverse winds and angry waves." Hence it is, that patients who have been discharged with every promise of recovery are occasionally returned as badly shattered as they were when first admitted.

In this report Dr. Strong gives an interesting review of the condition of the insane in the State. He says that of the 7,000 insane only a little more than one-half of that number are provided with asylum care. The asylum now in process of construction at Toledo will remedy this condition somewhat, but, as the work is going on very slowly, it will probably not be ready for occupancy before the spring or summer of 1888. By that time the accumulation will be nearly sufficient to balance the number provided for, and the condition then will be but little, if any, better than it is now. Dr. Strong urges immediate legislative action to provide for the insane uncared for in the north-eastern part of the State, as that section appears to be more in need of an asylum than any other. He suggests that there is some analogy between the building of an Ohio asylum and the pyramids of Egypt. As the Columbus Asylum was seven years in process of construction, and as the Toledo Asylum will be nearly as long, the facts would seem to warrant the suggestion. Hence his appeal

for further steps for the relief of the neglected insane before the completion of the asylum at Toledo.

The taxpayers of the State, Dr. Strong says, would gladly respond to a call in this direction. The fault is not with them, but "is due to the tenderness of political corns and the hesitation of sensitive legislators."

"These reflections," he adds, "lead irresistibly to the conclusion that the State benevolent institutions should be placed above the reach and beyond the control and influence of politics." He speaks of the wretched results and evils which flow from the changes which occur in the boards and officers of these institutions, on purely political grounds, and says that both parties are equally blameworthy. One does it, and the other on attaining power is sure to do it. As the two great political parties alternate generally in the control of the government every two years, it follows, as a matter of course, that if changes in the management of these institutions are to be of equal frequency, "instability, confusion, and demoralization must largely characterize the administration of their affairs."

He continues, "As already stated, the neglect of the insane who are without asylum care in Ohio can not be attributed so much to reluctance on the part of the taxpayers, as the timidity and refusal of legislators to appropriate the necessary funds." As a remedy for this he advocates the adoption of the system in vogue in New York State, by which pay is received from those patients who are able, while the counties are required to reimburse the State for the care of the dependent insane, in a sum equal to their support. The revenue derived from such a plan would so much lessen the appropriation bills that the legislature would not be frightened into "masterly inactivity," but "courage would come to the law-makers and hope to the people, and the problem, heretofore considered so difficult, would soon prove to be one easy of solution."

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This report is an interesting review of the condition of the insane in Ohio, and will well repay a careful perusal.

ILLINOIS:

Eighth Biennial Report of the Northern Hospital for the Insane at Elgin, Illinois, for the Biennial Period ending October 1st, 1884. Dr. E. A. KILBOURNE.

There were in this Hospital, at date of last report, October 1st, 1882, 520 patients. Admitted during the two years ending September 30th, 1884, 257. Whole number under treatment, 777. Discharged recovered, 84. Much improved, 51. Improved, 17. Stationary (unimproved), 54. Died, 36. Not insane, 2. Total discharged, 244. Number remaining October 1st, 1884, 533.

Dr. Kilbourne says that the census statistics show that the number of insane in the State of Illinois is constantly increasing. It is estimated that the number now reaches at least five thousand. Of this number between twenty-two and twenty-three hundred are cared for in the State institutions, and when the buildings in course of construction in Kankakee and Jacksonville are completed there will be accommodations for about thirteen hundred more. If the number cared for in the Cook county asylum at Jefferson, and the two private asylums at Batavia and Jacksonville be included, the extreme capacity of accommodation of all the hospitals in the State is only about four thousand, thus leaving one thousand unprovided for. The necessity for increased accommodations is, therefore, quite urgent. Dr. Kilbourne advocates, by way of solving this pressing question, the addition of cheap detached buildings, rather than by the purchase of new lands and the erection of new asylums.

The greater part of the report is taken up with an account of improvements and alterations made in the buildings during the two years preceding, and the question of the adaptability of the incandescent electric light to purposes of illumination in buildings of this class receives considerable attention, and its introduction is strongly urged. Since the publication of this report Dr. Kilbourne's suggestions have been adopted, and in a letter to the editor of this JOURNAL, under the date of March 13th, 1885, he writes:

"It has been introduced in this institution, supplanting gas altogether for illuminating purposes, and I am pleased to say, with the most satisfactory results. The system is that known as 'Edison's Incandescent,' and since the installment of the plant on January 1st of this year, we have been brilliantly lighted throughout the building, and at a cost of less than one-half of

that heretofore paid for gas; and, now, since the exhaust steam from the engine has been turned into our heating mains, and made to do double duty, viz., light and warm the building at the same time, the actual cost of the light has been reduced to a mere bagatelle.

"We have now been lighted by this method between two and three months, the light being mellow and uniformly steady,—indeed all that could be desired,—and the economy of production far exceeds our most sanguine expectations.

"It is *par excellence* the light for dwellings for the insane; no interruption in its working, no accidents, no trouble of any kind has been experienced since it has been in operation.

"On the score of healthfulness, economy and safety, I believe no institution can long afford to be without it. We have some 635 lamps, each of a guaranteed power of sixteen candles, distributed throughout the house, and all under the control of switches properly located so that groups of lights can be turned on or off as desired.

"These lamps take the place of some 730 gas jets, no one of which, however, has been in use since the electric light was turned on.

"The substitution of this form of illumination for gas has been so pleasing and satisfactory in every way, that I could no longer withhold this bit of information from you.

"I believe this is the first hospital in the United States that has been lighted in this manner; at least so I am assured by the Edison Light Company, of Chicago."

Certainly no stronger proof of the advantages of the incandescent electric light could be asked for, and we hope that, while we do not envy him his priority, Dr. Kilbourne will ere long be unable to say that his institution is the only one in which this important improvement has been introduced.

Fourth Biennial Report of the Illinois Eastern Hospital for the Insane, at Kankakee, for the Biennial Period ending October 1, 1884. Dr. R. S. Dewey.

There were in this Hospital, at date of last report, October 1, 1882, 326 patients. Admitted during the two years ending September 30, 1884, 599. Whole number under treatment, 925. Discharged recovered, 76. Much improved, 34. Improved, 69. Stationary (unimproved), 44. Died, 63. Total discharged, 286. Number remaining October 1, 1884, 639.

Since the publication of the last report the capacity of this institution has been increased to fifteen hundred, in order to provide for the chronic insane heretofore placed in the county houses and jails throughout the State.

In speaking of the "Employment of Inmates," Dr. Dewey says that "it is but natural that a large number of insane persons, the very ones, in most asylums, who are most capable of being usefully employed, should refuse to labor for an institution which deprives them of liberty, without any reason they can appreciate, and then ask them to labor without reward, and I am confident that if the State should authorize the moderate remuneration, under proper restrictions, of such patients, a large return would be received, both in advantage to the institution and in benefit to the patient." The practice of compensating working patients for their labor has been tried in some of the British asylums, to a limited extent, and with good results, and it is a question which is well worthy of careful consideration.

Two fatal accidents occurred to paroled patients during the two years. One man, who had never shown suicidal tendencies, committed suicide by drowning; and another, an epileptic, fell into a tank of hot water in the laundry, during a seizure, receiving such severe injuries that death ensued. He was not regularly employed in the laundry, but merely wandered in during noon hour, before work had begun. While such accidents are greatly to be deplored, we are constrained to believe with Dr. Dewey that no human foresight can prevent them. In each of the above cases the coroner was notified, and an inquest held.

Dr. Dewey speaks highly of the advantages of the "detached wards," and adduces the small number of elopements from these latter in comparison with the number from the "close" wards, as evidence of increased contentment. While not in the slightest degree disputing his ideas, we would suggest that this fact may also be explained in another way, namely, that unusual care is exercised in assigning patients to such wards, only the more trustworthy being thus favored. Three detached buildings have been in use for nearly four years. They accommodate two hundred patients. Their advantages were so many and their disadvantages so few, that when it was decided to increase the capacity of the asylum to fifteen hundred it was done by the erection of twelve detached buildings, at an expense of $400 per patient. Of this number two are infirmary wards for 50 patients each. A third, which is called the "Relief," accommodates 85 male patients, 35

of the more dangerous class being in a specially secure ward, and 50 epileptics being in other parts of the building. This we think an excellent plan. Only four of the new buildings were occupied at the time of writing the report, but it is expected that in less than half a year a thousand new patients will be received. As only about fifty out of the whole number can be accommodated in single rooms the question of their proper classification is fraught with much anxiety. In order to guard against accidents all the new ones first pass through the main building, where they remain for a time under observation before being transferred to the detached buildings. This precaution, together with the efficient night service, it is hoped will be sufficient to prevent casualties.

We wish Dr. Dewey all success in his new undertaking, and shall anxiously look for his next report.

ARKANSAS:

First and Second Annual Reports of the Arkansas State Lunatic Asylum at Little Rock, for the years 1883 *and* 1884. Dr. C. C. FORBES.

This Asylum was opened in March, 1883, and shortly afterward patients began to be sent in numbers daily, until all the jails which had been used as places of confinement for the insane were relieved of such occupants, thus removing all the circumstances of distress in the care and custody of the insane previously existing. Within a year the wards were filled beyond the original calculation of their capacity.

Previous to the opening of the asylum, the Legislature had enacted as follows: that "it shall be the duty of the superintendent of the asylum, as soon as the building is ready to receive patients, to apportion to each county the number of patients it will be entitled to take in; as the terms of the proportion the number of inhabitants in the State, the number in the county, and the number of patients the institution will accommodate; the last census of the United States to be the basis as to number of inhabitants." This was done and notice given to the proper authorities. A few counties have more than their respective quota in the asylum. Others have not their complement. In case of application from a county not having its full quota, a selection is made, as prescribed by the law, from the number belonging to the county having the largest number over its proportion, and one is discharged to make room for such applicant.

From the date of opening up to the close of the year 1883, there were 305 patients admitted. Of this number 41 were discharged recovered or more or less improved, and 17 died, thus leaving under treatment at the end of the year, 247 patients.

The second annual report is bound with the first, and in it we find that 82 patients were admitted during the second year, and 85 discharged. We are glad to notice that instead of grouping all the discharges under the head of "recovered or more or less improved," as was done in the first report, a more careful classification is presented, which is as follows: Recovered, 42. Improved, 11. Not improved, 9. Escaped, 1. Not insane, 1. Died, 21. Total remaining under treatment December 31, 1884, 244.

During the second year the only unusual occurence was an epidemic of measles which spread through the female wards, until there were forty cases before its subsidence. No case was fatal and none was attended with any untoward consequences.

As has already been said within half a year of its opening the asylum was filled to its utmost capacity, and an equilibrium has only been maintained by remanding patients back to their respective counties, where a redundancy existed, thus re-establishing, in a measure, the condition in the care of the insane, which the erection of this asylum was intended to overcome.

During the year, in order to ascertain the probable number unprovided for, Dr. Forbes sent circulars to the county authorities with inquires to that effect. Responses were received from about two-thirds of them, and from them it is estimated that the number approximates one hundred and fifty. It is evident, therefore, that the asylum must be enlarged, or that its doors must be closed against many who need its accommodation and care.

NEVADA:

Biennial Report of the Insane Asylum at Reno, Nevada, for the years 1883 *and* 1884. Dr. S. BISHOP.

There were in this Asylum, January 1st, 1883, 140 patients. Admitted during the two years ending December 31st, 1884, 78. Whole number under treatment, 218. Discharged recovered, 24. Much improved, 2. Improved, 7. Unimproved, 4. Died, 20. Eloped, 1. Total discharged, 58. Number remaining December 31st, 1884, 160.

Dr. Bishop devotes considerable space to the question of the curability of insanity. He modestly says that his own limited experience as an asylum physician precludes his advancing an opinion on this abstruse subject, and he, therefore, quotes quite extensively from the writings of Dr. Pliny Earle, with whose ideas our readers are familiar.

The medical treatment conforms to the usual asylum practice. Occupation is furnished as far as possible, and has been found a valuable aid in quieting and restoring patients, the only difficulty being in finding work enough for them to do.

The report closes with the usual statistical tables, and among them we are sorry to find one which is quite unusual, and in our opinion wholly unjustifiable. We refer to the statement showing the list of patients admitted from the opening of the asylum, in which the names in full, the age, the date of admission, the county, the place of birth, and the supposed cause of the insanity are given. We here find persons, whose names, as we have said, are given in full, whose insanity is assigned as due to masturbation, drunkenness, losses at gambling, syphilis, etc. Many of the unfortunate patients thus branded as masturbators, drunkards, gamblers and syphilitics have been sent out again to mingle with the world, and who can estimate the unhappiness and misery which this injudicious publicity of their weaknesses and sins may bring, not only to them, but to their relatives and friends. The knowledge gained by a physician, either in or out of an asylum, in regard to the lives and habits of his patients, should be held sacred by him, and should never be used except in the interest of the patients themselves. We can not see the slightest benefit to be derived from the course adopted in this report, while the harm it may do is incalculable.

Another exception which we must take to this table is that among the causes of insanity as there set down, there are some which it would have been better to have left out. For instance, "religion," "drugged," "poison," "derangement of mind," "inflammation," and "crime" are assigned as causes. It can not be denied that it is often extremely difficult to settle upon any definite cause, but certainly it would be better to increase the number of cases in which the cause was unknown rather than to bring the scientific attainments of asylum officers into discredit, and to make doubtful the value of more careful investigations, by assigning the production of insanity to such causes as those above mentioned.

This asylum is not yet crowded, and it is a pleasant relief from the cry for "more room," which comes from almost every State, to find that Nevada has sufficient room for all of her insane, and will have for at least two years to come.

OREGON:

First Report of the Oregon State Insane Asylum at Salem, for the Biennial Period ending November 30, 1884. Dr. H. CARPENTER.

Although this is called the first biennial report it does not represent the time which that term would indicate, as the asylum was not formally opened until the 20th of October, 1883, and the first patient was not received until two days thereafter.

From the date of its opening to the 30th of November, 1884, there were admitted 552 patients, Of this number 184 were discharged, as follows: Recovered, 55. Improved, 73. Unimproved, 5. Not insane, 2. Died, 46. Eloped, 3. The number remaining under treatment December 1, 1884, was 368.

Subsequently to the opening of this asylum, the insane of the State were under the care and control, at East Portland, of Dr. S. E. Josephi and Mrs. J. C. Hawthorne, as representatives of the estate of Dr. J. C. Hawthorne, deceased, who had held the contract for some years. On the 22d, 23d and 24th days of October, 1883, 268 males and 102 females were transferred from the care of the private contractors above mentioned to this asylum. Among this number were fifteen insane persons belonging to Idaho Territory, who had also been previously kept at private contract by Dr. Hawthorne and his successors. They will hereafter, as will all the insane of that Territory, be cared for at the Salem Asylum under contract with the Idaho authorities.

Under this new system, by which the State cares for her own insane, a saving is made of two dollars per week per capita over the former contract rates. If such a result has been obtained despite the many disadvantages attending the organization of so large an institution, still more gratifying results may be expected in the future.

DAKOTA:

Third Biennial Report of the Dakota Hospital for the Insane, Yankton, for the two years ending November, 30, 1884. Dr. A. M. AVERY.

There were in this Hospital, at the close of the last biennial period, 51 patients. Admitted during the two years ending November 30, 1884, 180. Whole number under treatment, 231. Discharged recovered, 41. Improved, 12. Unimproved, 2. Eloped, 8. Died, 8. Number remaining November 30, 1884, 153.

According to the statistics above presented there should have been 160 patients under treatment at the close of the biennial period, and a foot-note is therefore appended, in which Dr. Avery says: "A discrepancy of seven patients is here unavoidably reported, as there are no remarks on the record book of the disposal of this number." It seems strange that such an error should have occurred, but as in the present report the number discharged is said to be 55, whereas it should be 71, the eight who eloped and the eight who died not being classed among the discharged, the error may have occurred in that way.

The number of patients admitted during the last two years was greater than that of any previous biennial period since the opening of the institution.

The erection of an additional wing is urged, and we are glad to notice that the trustees recognize the necessity of appointing an assistant physician.

NOTES AND COMMENTS.

Fire in Lunatic Asylums.—The past quarter has been a painfully eventful one in the matter of asylum fires in America. On January 18th ult., the south infirmary of the Illinois Eastern Hospital for the Insane at Kankakee, Illinois, was burned down and seventeen patients lost their lives. The fire spread with great rapidity partly on account of the inflammable southern pine of which the hospital was built, but chiefly on account of the utter inadequacy of the water supply. The urgent need of an efficient fire service had been pointed out to the legislature, but the appeal was unheeded, or at all events the sum voted was quite insufficient to meet the case. Seldom, if ever, has a legislature's niggardliness been responsible for so cruel a human sacrifice, for it seems pretty clear that had the necessary apparatus been at hand, the flames might readily have been held in check. Of willing and able helpers there was no lack, and too much can not be said in praise of Dr. Dewey, the superintendent, who was untiring in the work of rescue.

The burned hospital had two stories, and was only completed last August. It contained forty-five patients. The incidents of the fire were sickening in their horribleness. But few of the bodies discovered bore any resemblance to human forms. Many of the patients having been dragged by the rescuers from the building, rushed back, like horses in a burning stable, into the smoke and flames to perish. It is related of Dr. Dewey that, aided by an attendant, he placed a ladder to the windows of a distinguished inmate, Hon. H. W. Belden, ascended it, broke the glass with his hands, but, being unable to break the sash, descended for mechanical help. By the time the superintendent reascended, the agonizing shrieks of the patient had died away, and the smoke and flames from his window rendered assistance impossible, even if the victim had been alive. Nothing daunted, he hurried to another window whence cries for help issued, and succeeded in dragging through the flames and bearing safely to the ground a man weighing 180 pounds.

Unfortunately the building was heated by furnaces, of which there were four in the building, instead of by steam. The fire originated in the floor above one of these. The top of the furnace is covered by a plate of boiler iron, upon which are laid two

courses of brick set in plaster. It was originally intended to heat all the buildings with steam, but an insufficient appropriation by the legislature compelled the substitution of furnaces. The burned building with its furniture cost about $25,000.

On February 3, 1885, an alarm of fire was raised in the Maryland State Hospital for the Insane, at Spring Grove, Baltimore, and the lives of 420 patients were placed in jeopardy. Preparations were making for the weekly dance, when, in lighting the gas, some evergreens were ignited. The flames spread quickly to the woodwork but were fortunately subdued by hard work before any serious damage had been done.

Nine days later, on February 12, a terrible fire, attended with great loss of life, occurred at the Insane Department of the Philadelphia Almshouse.

The eastern end of the Insane Department was discovered to be on fire shortly after eight o'clock in the evening. The flames originated in the drying room under the third floor, on which were twenty rooms for the confinement of violent and other patients. Nineteen of these were occupied. Efforts to reach the occupants from the inside were futile on account of the smoke, flames and heat.

Some time elapsed before the fire department reached the building. Meanwhile little or nothing could be done, for there was no fire apparatus, and the flames rapidly gained headway. The eastern end of the building, which is a three story brick structure, overlooks the river Schuylkill. The burned wards front in this direction, and it was at the northeast corner that the greater number were locked up. The windows of the top floor are sixty feet at least from the ground. Agonized faces peered through the panes and cried aloud for help. When the engines arrived, the water mains were found totally inadequate to furnish the needed water supply. The pipes inside the grounds were only four inch mains, while the street mains, instead of being fully twenty inch, were only eight inch. No wonder the flames spread—no wonder twenty lives were lost! It argues much for the devotion of the fire department that the human sacrifice was not greater.

As in the case of the Kankakee fire, the great loss of life was due to preventable causes. The provision for escape was utterly inadequate, and while there were plenty of fire-plugs, the water supply was ridiculously insufficient. The dangerous character of the structure was pointed out by Drs. Weir Mitchell, Wood and Mills,

the consulting staff of the insane department in a prophetic report to the Guardians of the Poor on January 30th. Little or no action was taken by the authorities on the strength of this document. Too much can not be said in condemnation of the how-not-to-do-it policy which has for so many years characterized the action of the Guardians of the Poor of Philadelphia with regard to this institution. The fearful sacrifice of life rests upon their heads and no subsequent liberality can atone for the crime.

We have one more fire to record as having occurred since our last issue. The asylum at Indianapolis, Indiana, was somewhat damaged by flames during the month of February. In this case what threatened to be a catastrophe almost as serious as those referred to above, was promptly averted by efficient measures. We understand that the so-called "hand grenades" did good work in the emergency.

THE DURHAM DIVORCE CASE.—The question of insanity as a ground of divorce has recently attracted great attention in England in connection with a suit brought by Lord Durham for nullity of marriage on the ground that his wife was insane at the time of the contract of matrimony. Whether sane or insane, it seems certain from the evidence, that Lady Durham, who is indubitably insane now, was possessed of powers of mind far below the average, and this notwithstanding the opinion of Sir William Gall, who failed to recognize more than deranged bodily health. A mass of conflicting testimony was given on the trial on this point. But Sir James Hannen, in delivering judgment, claimed at the outset that the contract of marriage was a very simple one, which did not require a high degree of intelligence to comprehend. He came to the conclusion, after an elaborate summing up of the testimony, that the symptoms observed by three physicians who had been called for the petitioner, namely, Drs. Blandford, Playfair and Matthews Duncan, did not exist before the respondent went to Cannes, and drew the inference that the change in her mental condition from sound to unsound mind occurred at that place, and had not arisen at the time of her marriage. He therefore found that the petitioner's case was not established, and dismissed the petition with costs.

Exception has been taken to this decision in certain quarters, though probably chiefly on sentimental grounds. Lord Durham possesses vast estates in England, and thus loses the prospect of an heir to them. But however little his wife may have appre-

ciated the nature of the marriage contract, there can be no doubt Lord Durham himself knew full well what he was about. As Sir James Hannen observed, the following words are no doubt applicable to his Lordship's case: "Who knows not that the bashful muteness of a virgin may ofttimes hide all the unliveliness and natural sloth which is really unfit for conversation?"

THE MORRIS PLAINS ASYLUM.—We learn that Dr. H. A. Buttolph, for many years superintendent of the Morris Plains Asylum, New Jersey, has resigned his position and retired into private life. The mere fact of retirement, in the case of a physician advanced in years, who can well afford to rest upon well-earned laurels, is in itself not regrettable; but we grieve to hear that occasion is to be taken of Dr. Buttolph's resignation to institute in the management of the asylum a radical change, whose propriety we feel constrained to question. We allude to the entire separation of the business from the medical administration of the institution. The total judgment of American, and indeed of all, alienists is against such management, and our Association has again and again raised its voice in favor of single control. The objections inherent in the dual plan of control are so obvious as not to call for statement. Meanwhile, Dr. E. E. Smith is Acting Superintendent, and the announcement is made that the managers are now looking for a man of "advanced views on insanity" and of "national reputation" to take the place of "Medical Director," when the way is opened for such appointment.

After all these years of service, Dr. Buttolph may surely derive great comfort and pleasure from a retrospect of labor faithfully performed in behalf of the insane, at Utica, Trenton and Morris Plains, and we trust he may yet be vouchsafed many years of life in which to do so.

BRITISH CORRESPONDENCE.—The New Lunacy Bill, the advent of which was foreshadowed in the discussion raised in the House of Lords last session, is on the eve of being revealed. The first hint on the subject appeared in the *Times* a few weeks ago, when an apparently inspired article came out on the subject. If this article approaches the truth, even in its bare outlines, the measure will be of a very drastic character. From headquarters downwards the reformers have found much that appeared worth altering, but a storm has been brewing in the medical circles ever since the article in the *Times* appeared, and conflicting interests are making their voices heard on all sides.

—Considerable feeling has been engendered of late among medical men on account of the frequency with which medical certificates of lunacy have been called in question, and because of the increasing practice of suing medical men for damages in respect of such certificates. As a natural result of this a strike is likely to arise against signing certificates at all, and already refusal to sign is becoming a too common practice. What the upshot will be is hard to say. For this and other reasons the arrival of the new Lunacy Bill is awaited with quickening curiosity.

—The quarterly meeting of the Scotch branch of the Medico-Psychological Association was held at Edinburgh on the 27th February. The bill of fare was meagre. The hand-book for attendants was finally disposed of by a resolution authorizing the publication of a thousand copies. Dr. Carlyle Johnson read a short clinical paper on "A Case of Acute Suicidal Melancholia," of apparently hopeless character, which after twenty months' treatment showed signs of recovery, when the patient was convalescent from an attack of diarrhœa with simple fever.

Resignation of Dr. Brush.—Dr. Edward N. Brush, who for six years has been on the medical staff of the State Lunatic Asylum at Utica, and who during that period has acted as one of the Associate Editors of this Journal, resigned his position as First Assistant last December, to act in a similar capacity at the Pennsylvania Hospital for the Insane, where he has been placed in charge of the Male Department, under the superintendency of Dr. Jno. B. Chapin. We are sensible of the loss which the Asylum and Journal have sustained in the resignation of an able assistant-physician and associate-editor, and congratulate the Pennsylvania Hospital for the Insane on its recent acquisition.

International Medical Congress.—The Executive Committee of the International Medical Congress, under the able Secretary-Generalship of Dr. John S. Billings, is already at work, and has published its Rules and Lists of Officers. The following list of names comprises the officers of the Section of Nervous Diseases and Psychiatry:

President: S. Weir Mitchell, M. D., Philadelphia. Vice-Presidents: Charles F. Folsom, M. D., Boston; John P. Gray, M. D., LL. D., Utica, N. Y.; J. S. Jewell, M. D., Chicago. Secretary: Charles K. Mills, M. D., Philadelphia. Council: Roberts Bar-

tholow, M. D., LL. D., Philadelphia; Allan McLane Hamilton, M. D., New York; Walter Hay, M. D., LL. D., Chicago; Francis T. Miles, M. D., Baltimore; James J. Putnam, M. D., Boston; Samuel G. Webber, M. D., Boston; Horatio C. Wood, M. D., Philadelphia; John P. Van Bibber, M. D., Baltimore.

The Index Medicus.—Drs. Jno. S. Billings and Robert Fletcher announce that Mr. George S. Davis, of Detroit, has undertaken to continue the publication of the *Index Medicus*, on the same general plan, and with the same regard to typographical accuracy and finish, as heretofore. On account of the delay required to perfect this arrangement, the first number of the Journal for the current year will comprise the literature of January, February and March, after which it will appear monthly as usual. At the end of the year, in addition to the usual annual index of names, subscribers will be furnished with an index of subjects to the volume.

We may congratulate the profession on Mr. Davis' public-spirited determination to carry on the enterprise in spite of the fact that thus far it has not been pecuniarily remunerative.

It is requested that all exchanges, and books and pamphlets for notice, be sent to the *Index Medicus*, Washington, D. C.

Berlin as a Medical Centre.—There will be issued by the New England Publishing Co., Sandy Hook, Conn., during the month of May, a book entitled "Berlin as a Medical Centre," by Horatio R. Bigelow, M. D., of Washington, D. C. This will be a complete and accurate medical guide to Berlin, giving instructions in reference to board, clinics, lectures, expenses, etc., and all information that will be necessary for the medical student abroad.

OBITUARY.

Dr. W. A. F. Browne.—The announcement of the death of Dr. Browne will not take any of our readers by surprise. The veteran alienist, who had attained his eightieth year, died March 2d, somewhat suddenly, though he had been in feeble health for some time.

He was educated at the High School, Stirling, and studied and graduated in medicine at Edinburgh University. He early interested himself in Phrenology, and was an intimate friend and ardent admirer of George Combe. As Superintendent of Montrose Asylum, and afterwards of the Dumfries Royal Institution, he did good work. In 1857 he was appointed Commissioner of the Scotch Lunacy Board. Fifteen years ago Dr. Browne lost his eyesight in consequence of a carriage accident. From this time he resigned his commissionership. But his blindness did not put a stop to his literary activity, and he has since frequently contributed articles on psychological subjects to the medical journals.

Dr. Browne was the father of Dr. Crichton Browne.

Dr. William Braithwaite.—The death is announced of the well-known English physician and surgeon, William Braithwaite, the founder of *The Retrospect of Medicine*, who died at his home in Leeds on January 31. He was in his seventy-eighth year. The *Retrospect* will be published as before under the editorial charge of Dr. James Braithwaite, who acted for several years as co-editor with his late father.

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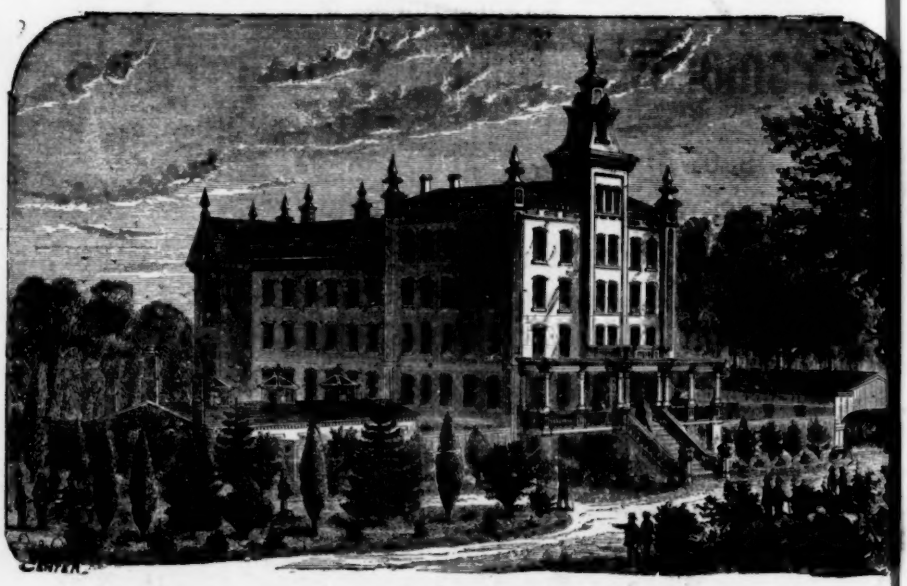

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